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# MENTAL HYGIENE

## VOLUME IX

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# MENTAL HYGIENE

## ORIGINAL CONTRIBUTIONS


JANUARY PAGE

The Application of Psychiatry to High-School Problems, by Anne T. Bingham, M.D. ..... 1– 27
A Study of Certain Auto-Erotic Practices Based on the Replies of 2,255 Women to Questionnaires Prepared by the Bureau of Social Hygiene With the Advice of a Coöperating Committee; Part II, by Katharine Bement Davis, Ph.D. ..... 28– 59
One Hundred and Fifty Policemen; Some Observations Upon 150 Probationary Policemen of the Detroit Police Department, by Jessie M. Ostrander ..... 60– 73
Drug Addiction in its Relation to Crime, by Laurence Kolb, M.D. ..... 74– 89
Dementia Praecox and Crime; a Study of 83 Cases of Dementia Praecox Seen in the Psychopathic Clinic, Recorder's Court, Detroit, by Dorothy Crounse ..... 90–104
"Good" Education and "Bad" Children, by Ira S. Wile, M.D. ..... 105–112
Report on a Questionnaire Study of Personality Traits With a College Graduate Group, by F. L. Wells, Ph.D. ..... 113–127
A Group of Psychoneurotic Ex-Service Men, by Lloyd H. Ziegler, M.D. ... 128–156
Walter Elmer Fernald—Obituary ..... 157–161
Walter E. Fernald; A Poem, by Alberta S. B. Guibord, M.D. ..... 161

APRIL

Mental Hygiene and the College Student; Second Paper, by Frankwood E. Williams, M.D. ..... 225–260
College Mental-Hygiene Problems, by Arthur H. Ruggles, M.D. ..... 261–272
Management of Acute Mental-Hygiene Problems Found Among College Men, by Major Harry N. Kerns, M.C., U.S.A. ..... 273–281
Mental Examinations of College Men, by Martin W. Peck, M.D. ..... 282–299
Types and Characteristics of Drug Addicts, by Laurence Kolb, M.D. ..... 300–313
Dispensary Contacts With Delinquent Trends in Children; Group II, Twenty-Nine Cases of Abnormal Sex Trends, by Esther Loring Richards, M.D. ..... 314–339
The Diagnostic Significance of Children's Wishes, by Florence L. Goodenough, M.D. ..... 340–345
Social Case-Work in Relation to the Mental Health of Immigrants, by Mary C. Jarrett ..... 346–359
Clinical Demonstrations of Mental Disorders from the Point of View of Psychopathology and Internal Medicine, by F. I. Wertheimer, M.D., and R. S. Lyman, M.D. ..... 360–386
The Veterans' Memorial Hospital at the Kings Park State Hospital, Kings Park, N. Y., by William C. Garvin, M.D. ..... 387–400

## ORIGINAL CONTRIBUTIONS


JULY PAGE

Some Implications of the Leopold-Loeb Hearing in Mitigation, by S. Sheldon Glueck, Ph.D., LL.M. ..... 449–468
Mental Hygiene in the College Curriculum, by Henry N. MacCracken, Ph.D. ..... 469–477
A Mental-Hygiene Program for Colleges, by Smiley Blanton, M.D. ..... 478–488
Mental Hygiene and Personality Guidance in Colleges, by Kimball Young ..... 489–501
Further Studies in the Psycho-Sexuality of College Graduate Men, by M. W. Peck, M.D., and F. L. Wells, Ph.D. ..... 502–520
Some Observations on "Contrariness" or Negativism, by K. M. Banham Bridges ..... 521–528
State Laws Relating to Special Classes and Schools for Mentally Handicapped Children in the Public Schools, by Thomas H. Haines, M.D. 529–555
The Function of the Special Class in the Public School, by Ethel L. Cornell, Ph.D. ..... 556–560
Vocational Aspects of Psychiatric Social Work ..... 561–601

OCTOBER

Individualism and the Organization of Neuropsychiatric Work in the Community, by Adolf Meyer, M.D. ..... 673–685
A Tentative Program of Coöperation Between Psychiatrists and Lawyers, by S. Sheldon Glueck, Ph.D., LL.M. ..... 686–698
Pleasure and Deterioration from Narcotic Addiction, by Lawrence Kolb, M.D. ..... 699–724
The Case for the Mentally Retarded, by Charles Scott Berry ..... 725–734
Personality Deviations and Their Relation to the Home, by Sybil Foster .. 735–742
The Masculine Side of Occupational Therapy, by Louis J. Haas ..... 743–752
The Rôle of Conferences With Relatives in the Educational Program of a State Psychopathic Hospital, by Franklin G. Ebaugh, M.D. ..... 753–759
Syphilis in the Etiology of Mental Deficiency, by Neil A. Dayton, M.D., M.C. ..... 760–771
A Résumé of Research Work at Letchworth Village, by Howard W. Potter, M.D. ..... 772–782
Outcome of Mental Diseases in the United States, by Horatio M. Pollock, Ph.D. ..... 783–804

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MENTAL HYGIENE

VOL. IX JANUARY, 1925 No. 1

# THE APPLICATION OF PSYCHIATRY TO HIGH-SCHOOL PROBLEMS

ANNE T. BINGHAM, M.D.

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EVERY year many boys and girls in our high schools struggle along with great effort or fall by the wayside because they cannot adjust themselves to conditions that do not present insuperable obstacles to the rank and file of pupils. Instead of being untouched by their difficulties in adaptation, experience shows us that the majority of these unadjusted youths receive impressions that not only influence their reactions at the time, but in many cases permanently warp their personalities. The school is apt to see the problem in a relatively simple way—the pupil is failing in his work or is a disturbing influence in the classroom or is inattentive, never knowing what the question is, or is noticeably nervous or has a speech defect or appears physically unfit. And the treatment usually employed by the school is consistently based on such simple advisory lines as study harder, or leave school, or brace up, or go to a special speech class or to a family doctor.

The psychiatrist, appreciating the important rôle that emotional reactions play in life, knows that these problems are practically never of one dimension, either in causation or in effect. Accordingly, in an attempt to help in their solution, instead of regarding the behavior in school as a simple condition for which treatment can be immediately prescribed, he considers it merely a starting point for investigation preliminary to treatment. Besides making examinations to determine physical, neurological, and mental fitness, the psychiatrist explores such emotionally fertile fields as home conditions, family and social relationships, personal conflicts,

aptitudes, ambitions, and personality traits. On the basis of positive information obtained in this way, a plan can be made that, though it may need much subsequent modification, is fundamentally sound and calculated to work out to the mutual advantage of pupil and school because it is based on a comprehensive understanding of the individual pupil. It is well known that adolescence is a period when youths behave in a way that puzzles not only their families and teachers, but themselves. It is also well known, but not always remembered, that during adolescence the desire for emancipation, which is at the root of many of their actions, prompts boys and girls not to give their confidence to their families. They are much more apt to "open up" to a sympathetic older person outside the family circle. As such, the psychiatrist may qualify, and, moreover, he has the advantage of being a physician with whom there can be very frank discussion even of such personal subjects as sex, religion, and feelings of inferiority. It is good mental hygiene to recognize the material of which complexes are made and to discover morbid trends before they become fixed. Adolescents, if properly approached, are accessible and responsive, and it is often possible to help them clear up promptly difficulties that, though relatively simple, seem to them of grave import and that may actually become serious if distorted ideas persist or tension is unrelieved.

The work that the psychiatrist does with individual pupils is unquestionably of great value, but hardly second in importance is that done with teachers and families in the way of interpreting to them the conduct of these problem adolescents. Many of the latter are striking illustrations of wrong treatment, and from this standpoint are instructive. Teachers and parents are much more impressed with the need for individual study by being helped to understand a baffling child in whom they are interested than by any number of general lectures or books on psychology and mental hygiene.

The 250 examinations that furnished the material for this paper were made during a period of three years on a part-time basis under the auspices of the Girls' Service League, a private organization interested in the welfare of adolescent girls.

It is important to note that the appeal for this psychiatric service in schools came from the schools themselves. It was not a piece of research imposed from without. After about a year's work had been done in one school, requests began to come from others, because those in charge, realizing that certain pupils needed special help which they were not prepared to give, were eager to take advantage of this new approach to their problems. At the end of three years, examinations were being made in five New York high schools, in all of which there was that spirit of cordial coöperation which is so essential to the successful application of treatment.

In the statistical summaries appended to this article (pages 26–27) it will be noted that while the ages ranged from eleven to twenty-one years, the massing was in the adolescent period, which means that in evaluating their behavior, one must keep constantly in mind the emotional element that is so commonly found in adolescent reactions. Ninety-two per cent were born in this country, so we have to do with a group in which there was practically no language difficulty. This difficulty did exist in one case, as a result of which a girl of good mental ability was ranked as a case of border-line mental deficiency on the basis of her psychological rating and accordingly had been advised to leave school. The psychiatrist was able to persuade those interested in her to let her continue. Through outside contacts, as well as in school, she was helped to improve her English vocabulary and she has made good.

Less than a quarter of the parents of these girls were American born and this fact is responsible for many difficult situations. Ignorant, illiterate fathers and mothers, as many of these are, often see no reason why their children, especially their daughters, should go to school after they are eligible for working papers, even though there may be no economic stress in the home. Consequently they show their opposition by constant nagging, interference with study, even to the extent of destroying books or home work, or insistence on part-time employment.

The attitude of other parents may be quite different, but just as hard to modify. Conscious of the disadvantage that their own lack of education has been to them, they wish to

give their children every opportunity. Generally they have no conception of their progeny's mental limitations and argue that if they are given a chance to go to school and if they study, they should bring home good reports "if the teachers know their business". The pressure exerted by this type of parent is often a serious thing for a dull, but sensitive girl, who as a result of it may become deceitful, a truant, a runaway from home; or, weighed down by fear, shame, a sense of inferiority, she may become depressed and suicidal.

Another condition frequently encountered in the parents of these public-school children is an inclination to despise trades or even training in commercial subjects. Many would prefer to have their daughters merely "mark time", and fail, term after term, in Latin or algebra, rather than let them change to a course that would afford scope for special ability. It must be said, however, that even within the writer's experience with schools, it is possible to notice a little more inclination on the part of parents to be guided in this respect. It is certainly easier to get them to agree to a change of course if the school which the child is attending offers a variety of courses than if she has to go to another school.

In 45 instances, or for 18 per cent of our group, we obtained positive information regarding such factors in defective heredity as alcoholism of parents, constitutional diseases, mental disease, or mental defect. There is no doubt that this percentage, as well as that for unfavorable home conditions, would have been higher had it been possible to make home and family investigations for all the girls examined. The items that caused us to class home conditions as unfavorable were broken homes, extensive institutional experience, extreme poverty, bad social traits in the home—*e.g.,* immorality, alcoholism, crime—inflexible foreign standards, cruelty, or a tendency on the part of parents to tyrannize or intimidate.

In view of the influence that these conditions may exert on the emotional life and consequently on behavior, it is not without significance that according to our very conservative estimate, home conditions were definitely disadvantageous for sixty girls (24 per cent). It seemed to us that in practically every instance these unfortunate circumstances had a direct

bearing on the girl's reactions and were, therefore, important causative factors in her behavior. Not infrequently we found, however, that brothers or sisters of the girl referred for examination were or had been in the same school, but, though subjected to similar home conditions, had never been regarded as problems. This comparative group illustrates the widely differing personalities to be found even in the same family and emphasizes the need for individualizing treatment both at home and in school.

In the summary of the school grades of these pupils at the time of their examination, it will be noticed that the largest number were in the first term, but that the number for the next three terms is nearly as large and practically the same for each. It is easy to see the reason for this, as the early grades constitute the hardest period in high-school adaptation. For many, the first term is a time of great trial. The big new school is bewildering, the teachers all strange, and the impersonality of it all hinders the adjustment of a girl who is shy and unaggressive. To such a one, too, differences in classroom methods—for example, having to stand before the class for recitations, or volunteering them, instead of being called on—cause an amount of suffering and nervous tension totally disproportionate to the importance of the occasion. For many, failure in school work has never been experienced until the first or second term, and it appears as nothing short of a tragedy to a conscientious girl, although her extreme reaction is not always appreciated either in school or at home.

One of our group who had this experience brooded to such an extent over the fact that she had "disgraced the family" that she could not study. With good reason, she feared further failure and became so depressed that she seriously considered suicide. The family knew that she was not like herself, but had no realization of her actual state of mind. When told of it, they treated her wisely, in accordance with specific suggestions made to them, and a modification of school program, as well as personal encouragement on the part of her teachers, helped further to bring about a healthier mental attitude.

From our experience, we believe that although psychiatric

service may be needed at any time during the four years in high school, it is especially valuable during these first few terms, when understanding of the mental and emotional make-up, followed by proper treatment, may do much to determine efficiency and happiness, not only for the student period, but for the whole after life.

Poor scholarship was the cause for which most of these pupils were referred to us. While this was often associated with mental dullness, which called for a reorganization of program or sometimes made it advisable for the pupil to leave school altogether and take a suitable position, this was by no means invariably the case, as difficult personalities, emotional upsets, or lack of interest or of application sometimes resulted in failures on the part of girls of excellent intelligence who were consequently judged "stupid".

One such had an intelligence quotient of 124, but was failing in most of her major subjects. She is a very aggressive, egocentric, antisocial girl, with a rather paranoid attitude. In elementary school she received high marks without much effort and was the object of much favorable attention. She made poor adaptation to high school because the discipline was more rigid and she hated "being one of a crowd". Part of her disorderly behavior was undoubtedly exhibitionistic. It pleased her ego to think that she was punishing her unappreciative teachers by doing poor work for them, but though she sulked over her failures or ranted over injustices shown her, she knew full well that her efforts did not justify passing marks. For short periods she has done better, but although she has received intelligent individual attention in three excellent high schools, there has been no sustained improvement. Her difficult personality stands in the way of a full realization of her mental possibilities, and influences at home either counteract what the schools have attempted to do for her or are negative.

That the double problem of unsatisfactory scholarship and behavior should occur more often than any other combination is not strange, for we know that there is a close connection between dullness, which underlies a large proportion of poor

school work, and restlessness, lack of interest in classroom activities, disorder, cutting, and truancy.

Rose J. is a good illustration of this. She is the sixth in a fraternity of eleven, none of whom apparently are very bright. Rose has an intelligence quotient of 81. She is an active, good-natured Irish girl who endured elementary school with fairly good grace, but who balked at high school, preferring to go to work. Her mother made no objection, but her father decreed: "No matter what you want to do, you go to high school and graduate." Accordingly she went, but after six terms she ranked merely as a fifth-term student and her marks ranged from 30 to 55. She hoped that this poor showing would influence her father to change his mind, but, instead, he threatened her with a reformatory if she did not bring home better reports. Bored and disheartened, she became a serious truant, the reason for which she was referred for examination. After an interview with her ignorant, stubborn father, who seemed to think that he was not getting what he might from the city if Rose did not graduate, one's sympathies were with her rather than with him. Eventually he was forced to modify his ambitions for her.

Nervous instability, so commonly found in these problem girls, is, of course, another causative factor in their maladjustment, expressed often in inferior scholarship and unusual behavior. The combination of poor scholarship and physical defect is easily accounted for, as uncertain health is often responsible for much absence, lack of maintained effort, and consequent discouragement. Although our interest has been primarily in nervous and mental states, we have not refused to see any pupils for whom examinations have been sought, as even among those sized up by their teachers as mere physical problems, we frequently found that the physical symptoms had a psychogenic basis and therefore needed less attention than the underlying nervous condition.

According to individual Terman tests, 128 of our group, or 51 per cent, had average or superior intelligence. It is unusual to find among city high-school pupils cases of mental defect, as the latter are commonly weeded out in the lower grades. A goodly number, however, are dull and unable to handle

abstract material in a satisfactory way. Cases of outspoken mental disease must be reckoned with, and conversion hysterias are not rare, but outstanding difficulties in the majority of these problem youths are poor nervous balance and difficult personality traits.

It is, of course, impossible to estimate how the mental status of such a highly selected group as we are considering corresponds with that of the general high-school student body. It would certainly be of great interest to concentrate in one school and make comparative studies of girls who are conspicuous for fine scholarship or leadership qualities, getting from them the same data as that obtained from the problem girls. Many regarded as normal are, doubtless, subjected to difficult home situations and other potentially upsetting influences, but one wonders, among other things, how large a percentage would give a history of neurotic traits which are indicators of the nervous instability so commonly encountered in their maladjusted companions.

In spite of the physical, nervous, or mental handicaps with which these problem adolescents struggle, many have fine material in them and are capable of being molded into useful citizens, yet they fail to achieve their possibilities because the school is more impressed by what they are not than by what they may become. The psychiatrist can render valuable service in seeing and helping to develop these possibilities as well as in detecting symptoms of nervous and mental disease.

It is unsatisfactory to discuss our group of 250 in general terms, as each is very individual and the value of the work depends, of course, on the extent to which this fact is taken into account in the study and treatment of each pupil.

The following case histories demonstrate the variety of problems encountered, the treatment employed, and the results obtained.

Fanny B. illustrates in what a satisfactory way an early psychoneurotic condition may be cleared up. Fanny was a bright little Jewish girl who graduated from elementary school at twelve and a half years. She had been in high school but two months when presented for examination, at the request of a physical training teacher to whom she complained that

she became dizzy in large places and so could not do gymnasium work. She was an imaginative, conscientious child who had skipped grades perhaps more than was good for her, and as she was extremely anxious for high marks, she probably spent time in study that might better have been given to recreation. Her complaint to the psychiatrist was of a weak feeling and palpitation, in addition to fear of large places.

An attempt to trace back these symptoms to their inception brought to light the fact that the child, from her earliest recollections, had had a morbid interest in death, which was accentuated when she was six by neighborhood excitement over tales of Jack the Ripper. Somewhat later, Fanny was terror-stricken when in a car accident where there was a panic. Long afterwards, when she thought about it, as she frequently did, the memory was so vivid that she would sometimes touch familiar objects in the house in order to convince herself that she was safe at home.

Some months after the accident, she was impressed by a conversation that she overheard regarding the supposed return of a person who had died who was asked what the other world was like. It was not long after this conversation that Fanny went to the library one warm September day and became deeply engrossed in reading *The Man Without a Country.* She was utterly absorbed and emotionally stirred by the story, especially when she reached the part where the man comes to die and kisses the American flag. She looked up from her book, tense, with rapidly beating heart, and the room seemed to be going round and round. She managed to get home, but continued to have nearly every evening recurrence of what she came to call "palpitation", as this diagnosis was made at two dispensaries to which her mother took her.

Medicine did not relieve her, and the child's nervousness increased, until she did not want to pass by a park or any large place, still less to enter one. She decided that she had serious heart trouble, and although interested in writing what she called "health poems", she looked on herself as a good deal of an invalid who in all probability would not live long. Formerly active and a leader among her friends, she was fast

centering her interests on her physical symptoms and brooding over an untimely end.

Physical examination failed to show a basis for her fears. There was no disease of the heart, but the rate was easily affected by her emotions. Fanny readily accepted the reassurance given that her heart was sound and showed immediate relief. She was intelligent enough to grasp the mechanism of her difficulty after it had been explained to her (the fact came out during one interview that she always thought of heaven as a large place, which seemed to account for the basis of her morbid fears) and she stated spontaneously, "I see. It's just a thought, a fear; it doesn't really exist." Improvement in all respects was shown at once and Fanny realized this herself, for she wrote a month later: "Words cannot express how grateful I am to you for helping me find out what was the trouble with me. I find that I do better work in my lessons since I feel better. I do not feel as bad in the assembly as I used to." This case has been followed for three years, but there has been no further difficulty and there is reason to believe that a condition of chronic invalidism on a psychogenic basis has been averted.

"Does ambition exceed mental capacity?" was the question put to the psychiatrist regarding Sophie S., an earnest sixteen-year-old girl, who had entered high school after starting to work, saying that she wanted more "culture" and that she planned to become a teacher of biology.

Sophie had had little satisfaction in her life, certainly none from her family. The mother, who had not hesitated to say that her marriage, made against her will, was unhappy, died when Sophie was about nine, and a stepmother who had no interest in her husband's children was quickly installed. There were quarrels and attempts by the older children to obtain, through court procedure, proper care for the younger ones, but their efforts came to nothing. After a time, in a fit of depression, a sister committed suicide, and gradually the others left home until Sophie was alone with her father, stepmother, and a little feebleminded half-brother. School was her chief pleasure, and she hoped to continue after graduating

from grammar school, but her father insisted on her going to work, saying, "Are not eight years of education enough?"

To offset the monotony of factory work, she attempted night courses in art, attended sociological lectures, and joined a "culture" group, the members of which sought to increase their vocabularies, read compositions on how to better themselves, and discussed such topics as "What is the element of beauty?" After two years, Sophie decided, in spite of concerted family opposition, that she must somehow get further education. Accordingly, she took a part-time position and joyfully registered as an academic pupil.

She was found to be a sensitive, idealistic adolescent for whom further education, whatever else it might mean, was certainly sought as compensation for a very definite inferiority feeling. Daydreaming since childhood was frankly acknowledged, but, she argued, it had saved her from despair many times, and now that she saw a possibility of having her dreams come true, she knew that they would not interfere with concentration. Her sense of not having had a square deal was easily traceable to her home treatment; there was no feeling of generalized persecution. She was tense and nervous, underweight and anemic, with defective vision and unhealthy tonsils. Although not brilliant, she had at least average intelligence and such a determination to succeed that the psychiatrist advised her to continue with her school work. Besides suggestions for improving her physical condition, it was recommended that she be kept from unnecessary crowding in her studies, that she be encouraged to persevere and helped to secure more remunerative work, and that a visitor seek to change the family attitude towards her project. All these things were done and later a scholarship was secured for her so that she was saved from the strain of carrying a position and her school work at the same time. Moreover, the interest and help of an older brother were secured. She has done excellent school work, her success and satisfaction in it have helped to stabilize her, and she seems in a fair way to realize her ambitions.

Louise F., a robust, dull sixteen-year-old girl, was referred as a conduct problem, having handed in another girl's home

work for her own, forged her parents' signature on her report cards, changed F's for failures in two subjects to P's, and stolen money from a pocketbook. Her classroom record was "lazy, talkative, defiant, and disobedient". She ranked as a third-term pupil, academic course, but should have been sixth.

Louise is the oldest of three children, all girls. Both parents received considerable education in Russia, their native country. They came to America when young and speak English fluently. The father has been successful in business, has provided a comfortable home for his family in a good neighborhood, and both he and his wife desire to give their children all possible advantages, chief among which is an education. The mother is a domineering, energetic, nervous woman who likes to plan ahead and who is apt to be upset if things do not turn out as she expects. She has been greatly disappointed over Louise's high-school record, which for lack of a better reason she has attributed to inferior application and effort. The second daughter is delicate and neurotic, but to her mother's joy she is well advanced in her classes and she is continually urged to fresh achievement by bribes of money and fine clothes. The youngest is healthy, but has night terrors and resorts to tantrums if foiled in her attempts to get her way.

It was easy to understand Louise's problem. She has not sufficient intelligence to enable her to master an academic high-school course, but her family and most of her teachers have not realized this fundamental difficulty. Her parents openly expressed their disappointment and vexation. They attempted to goad her to do better by ridicule, sarcasm, and constant comparison with her brighter sister, of whom she was bitterly jealous. She was referred to as "the successful failure"; she was made to study aloud that her mother might know that she was studying; recreation was reduced to a minimum in order that she might concentrate on nothing but school. For the same reason she was compelled to give up a Saturday position as sales girl. This she had greatly enjoyed, as she had had the satisfaction of knowing that in this work she was acceptable and it was pleasant to earn, even though her family made sarcastic comments on her lack of ambition in being willing to be a Fourteenth Street clerk.

She dreaded the time when report cards were given out, as it meant humiliation, a fresh sense of failure, renewed bitterness over invidious comparisons between her and the "darling daughter"—as she cuttingly called her more favored sister—and often the loss of things promised her. Hence her cheating. The class work was so far over her head that she had no real interest in it; consequently she was bored, restless, disorderly. The defiance and disobedience shown to certain teachers probably sprang from a revolt against authority and a desire to be self-assertive, which may have been a compensation for her very definite feeling of inferiority.

Naturally, she was an active, happy, rather boisterous girl, whose greatest delight was in sports. She liked, too, certain kinds of handwork where she got concrete results from her efforts, such as making bead bags and sweaters. For the same reason she was interested in cooking "fancy dishes" for the family which, because they were out of the ordinary, brought her favorable comment.

The plan for this girl involved (1) an attempt to make her family realize that she was not fitted for academic work. Great care was taken during the interviews to stress the fact that she could do something of a more practical nature, an ability as valuable in its way as the ability to deal with abstract material. Emphasis was laid on the faultiness of the mother's methods. All this paved the way for permission for (2) a change of course to include cooking and sewing. Then (3) special efforts were made to get her teachers interested in her, and she was encouraged to believe that she could succeed in new lines of work. And (4) she was allowed to join a club of boys and girls of her own age.

Her mother proved most coöperative and asked to be told of books and lectures that would aid her in understanding and properly training her children. The school was most helpful in carrying out suggestions, and Louise ceased to be a conduct problem, as she became happier and more interested.

An examination was requested for a fifth-term student, Priscilla M., because neither teachers nor family could reconcile six days of truancy with her previous irreproachable conduct record.

Priscilla is a slight, pretty brunette, well-mannered, but obviously shy, self-conscious, and repressed. The psychologist graded her as normal in intelligence (mental age, 16:4; I.Q. 102). Her thyroid gland is enlarged and there is slight exophthalmos, besides a fine tremor of the fingers and occasional twitching of the facial muscles.

She has the misfortune to be an only child, and her mother never allows her to forget that great things are expected of her. The father, an American, comes from a better family than the mother and has had more education, but he is a "waster", whose tendency to drink has lost him one position after another so that he has gone steadily down in the industrial scale. He is naturally quiet, but under the influence of liquor becomes ugly and abusive. The mother came to this country from England in early childhood. Fear, hard work, and constant dissatisfaction have produced in a neuropathic individual a tyrannical chronic invalid.

Priscilla is her only source of satisfaction, present or future. She has guarded her in a frenzied manner, keeping her in so closely, when she was small, that her health suffered. Even then, however, the mother could not bring herself to administer in other than homeopathic doses the doctor's prescription of fresh air and companionship with children. Threats of "nervous spells" were used freely by the mother as discipline for small acts of disobedience, and they were by no means empty threats, so that Priscilla, who is unusually conscientious, has suffered much from remorse over being the cause of "nervous breakdowns" or from fear that some innocent act of hers might precipitate one. There has never been much relief from the tense, unhealthy home atmosphere of parental quarrels and fear of the father's physical violence and of the mother's depression, "brain storms", or whining reproaches. Added to this, during a certain period in childhood, was much morbid rumination over death, which terrorized her. About her only pleasure and opportunity for expression during the years from five to twelve came from instruction in toe and æsthetic dancing, for which she received prizes and much praise.

Her progress in elementary school was satisfactory, and she

was conscious of no particular strain, but adjustment to high school was much more difficult. She minded the noise and confusion and the new methods, especially volunteering in class work, which she could not bring herself to do. She had two failures in her first term, which caused her mother to take to her bed with many a tearful "How could you, when you know that I would crawl on my hands and knees, or give up my very life for you!" In each term since then there has been one failure to which the maternal reaction has been so unvaryingly violent that little satisfaction has been derived from some excellent marks in other subjects.

Meanwhile, Priscilla's companionship was narrowed down almost entirely to that of her mother, who explained plaintively, "I have tried so hard to be everything to her. She has a radio and lovely books to read. I don't let her go to the library because I want her first to read what I have bought for her—a whole shelf full. Sometimes we go for a walk and stop in a drug store and have malted milk, and she seems to enjoy it. She gets suggestions for new steps on the radio, and we try them together. She plays basket ball at the church once a week, and I always go for her. What else does she want?"

Priscilla's goiter has received medical care, but no tension referable to this condition has been appreciated, and her repression has been construed as placidity, her mother saying, "Oh, no, Priscilla can't be nervous; she is so quiet." Nevertheless, Priscilla has been getting progressively tense, apprehensive, and dissatisfied. School came to be a dread, report time a nightmare, and although Priscilla really wanted to graduate, she began to wish that she might leave and go to work, as she saw in this scheme a possible chance for a beginning of emancipation from her mother. She brooded and daydreamed a good deal over this in her abundant leisure and even when she was supposed to be absorbed in study.

One day a terrible thing for her happened. She had been slow in returning a geometry notebook which she had borrowed from another girl, and the latter was given a bad mark because she could not hand it in when it was called for. Priscilla could not stand that and timorously explained that the

fault was hers. Whereupon a procedure considered efficacious in overcoming acts of negligence was impersonally imposed, and Priscilla was instructed to write out her offense, take the paper home for her mother to read and sign, and then return to the teacher.

Without any effort of the imagination, Priscilla visualized exactly what would happen. She had never before had a note to take home. It would be considered a disgrace, something portentous, reason enough for a collapse, floods of tears, and unceasing censures. Full of dread, she took the note home on a Thursday. No propitious moment to present it came that day, or the next, or the next, and on Sunday her mother was prostrate in bed for some reason, so there was no question about giving her the awful paper.

Came Monday, school, the unsigned note, a racking situation! On the way to school she met two classmates whose dullness made school a bore and who accordingly were only deterred from leaving to go to work by stern parents who decreed that they must be educated. To these sympathetic listeners Priscilla told her trouble, and it was quickly decided that they wouldn't go to school at all. For the other two girls truancy appeared as a possible means of forcing their families to allow them to leave for good; for Priscilla, it was a respite, brief, of course, but welcome. The trio loitered along the streets until they came to a church where a funeral was going on and this served as a morbid diversion. They lunched at a bakery and spent the afternoon at Priscilla's house, her mother being away at her work as cashier in a theater.

This program, without much variation, continued through the week, Priscilla realizing that discovery was certain, but feeling unable to forestall it by confession. On the sixth day a note from school informed Priscilla's mother of her absence, and then began a hard time for both. Not only was Priscilla taxed with the enormity of her crime and blamed for making her mother ill, but she was given to understand that she had forfeited her mother's confidence. Everything that she did or said was received with suspicion; she was watched from the window and followed on the street. Moreover, she realized

that her teachers no longer trusted her, and life looked very dark to this sensitive, timid, hyperthyroid adolescent.

With all these facts assembled, the understanding of this girl seemed a simple matter; nevertheless, her behavior had puzzled not only her mother, but her teachers. Once the mechanism was explained, the teachers were ready to coöperate in treatment, and the mother not only took without resentment, though with bitter tears, a very frank criticism of her attitude toward her daughter, but even asked for definite suggestions as to how she might improve.

That she made a brave attempt may be inferred from a letter received from Priscilla about six weeks later. "Matters at home are going very well. Mother has not had a relapse since she spoke to you. I think mother has thought over what you told her about companionship of girls and boys my own age and she has agreed to let me have a party next Tuesday night in honor of my birthday. Mother has seemed stronger and not so nervous since she saw you, and I want to thank you from the bottom of my heart." Later, Priscilla was even allowed to go to some school dances, and her mother heroically tried not to tell her of the nervous chills that shook her as she waited for her to come home with some girls in the neighborhood.

The part played by the school in treatment was to arrange to have the office instead of the mother notified of any unsatisfactory marks, to give special help in difficult subjects, and to institute a program of encouragement and personal friendly interest. To this Priscilla responded by a noticeable reduction in tension, a happier expression, and renewed interest in her school work, which improved. She wished to attend summer school, but the thyroid condition was given as a perfectly good reason why a vacation in a girls' camp should be taken instead.

Sara R. is another girl referred for truancy whose personal problems, though different in detail, have also a deeply emotional basis. The parents are Russian Jews of middle age who came to America early in their married life. They learned to speak English and are people of considerable general intelligence, but the philosophy that the father is fond of reading does not give him wisdom in the treatment of his children, toward whom he is arbitrary and quick-tempered.

The mother is a nervous asthmatic, whose affection for her three daughters, like that of her husband, is sincere, but both are opposed to any emancipation on the part of these girls, and until marriage shall naturally take them from home, it is felt their earnings should be family property, their mail should be opened, their plans for recreation and friends should be dependent on parental dictum. The two older girls hold fairly well-paid office positions. They are interested in books, music, and lectures, besides lighter forms of recreation, and seem normally social. Their extravagant ideas in dress cause constant quarrels with their parents, as do also their desires for greater independence.

Sara was an unwanted child. The father's earning capacity was small, the mother was troubled with asthma, and when she found herself pregnant for the third time, she was unreconciled, depressed, and worried, but she was conscious of no resentment after Sara's birth. The child was a problem because she was bottle fed and had feeble digestive powers until nearly five. About this time she was hit in the head by a stone, which necessitated the taking of several stitches. This accident was considered a good deal of a shock, and to it Sara and her family attribute her habit of stammering, her extreme sensitiveness, and her quick temper, all of which were particularly noticeable in connection with her adjustment to school.

The diary she kept during her fourteenth year gives some idea of the important rôle that the speech defect played in her life. Referring to the head injury, she writes: "From that time I've been the most miserable girl in the world. I'm so sensitive about it that everything I do is because of that. I love to think of what I would have been had I not stammered." And again: "Finished *The Gadfly*. I loved the main character. You will understand better when I say the hero stammered. It's the second book I have come across where somebody in it stammered, and it was a revelation to me because people loved him in spite of his physical deformities. Maybe there's a chance for me yet. Geometry was nice and easy to-day, not like always. We learn more if there is not that feeling of fear over us. If only I would have more reliance

and not be afraid. Sorry I was grouchy. If only I'd have a happier outlook on life. . . . Sometimes I am so dazed about life that I can't do my work. I just gape and wonder at this world, at the cheap things occupying it, and think of the happiness we might have had. Nobody in this world can be happy. . . . I feel so depressed; I long so for a friend I can tell my confidences to."

While in elementary school, Sara became extremely self-conscious because of the ridicule and impatience, real and fancied, that accompanied her attempts at oral classroom work. Special speech classes were not permanently helpful, but she managed to graduate from junior high school when thirteen and a half. In regular high school she met her Waterloo, failing in French and geometry, which accentuated her sense of inferiority. She began staying out for such slight pretexts as bad weather, helping her mother, trivial indispositions, and when these failed her, she cut the classes in which recitations were most trying.

Early in life she had displayed a love of music, and her mother took in sewing at home to get money for lessons. Sara had made good progress, and at the time she came to the psychiatrist's attention she was practicing six hours a day and had a scholarship in a music school of high standing. Partly because of a genuine interest in music, but also, one felt, because she desired to escape from the intolerable situation that school presented to her, she tried to persuade her parents to let her leave high school and concentrate on music, but the suggestion was not sympathetically received. She then resorted to the expedient of signing her father's name to a letter, which stated that the family was moving to California. This note she presented at school, where its authenticity was not doubted. She had some compunction about this deceit, but rationalized her behavior by dwelling on the thought that her family did not understand her and forced her to take such extreme measures. In her conflict and self-pity, she worked up much antagonism toward her parents and sisters, which had such outward manifestations as impertinence, moodiness, secretiveness.

After a time her ruse was discovered, as she had always

known it would be. She had a stage of penitence, but this did not last long, and exposure to classroom irritations led again to cutting and, of course, to failures in work. It was then that she was referred for examination. She was fifteen and a half years old, a pretty girl, with fine eyes and a sensitive mouth, and the blackheads that we learn from her diary were a source of tragic suffering and subjects for violent and varied treatment did not seriously mar her appearance. In spite of natural repression, she talked quite frankly of her experiences, her ambitions, her suffering, her aching desire for friends and inability to make them, since nobody liked her because she couldn't talk like other people and had such an awful-looking face. Music was her only source of joy, not only because it was her best means of expression, but because it was the only thing that brought her praise. She hoped to qualify as a concert performer, but in any case, she could teach, and she had several small pupils in the neighborhood with whom she was said to be patient and successful.

After conferring with her teachers and various members of her family, it was decided that it was best for her to be allowed to leave school, and during the year and a half that have elapsed this course has justified itself. Sara has played creditably at public recitals given by her music school, and her teacher says that if she continues to progress as she promises to do, she will soon be taken on as an instructor. Meanwhile, she has collected quite a class of her own and takes much pride in her small pupils, with whom she is most conscientious. It must be said that her behavior at home is far from irreproachable, but her older sisters, who have seriously considered leaving, insist that their parents' attitude is enough to irritate any one. Sara has not responded to efforts to get her into group activities, but she now has one special friend to whom she writes reams and she goes to concerts, lectures, and plays, besides reading with apparent interest "deep books".

In this case, work has been done with the whole family, who have come to turn to the psychiatrist for advice on various subjects.

The behavior of Stella B. was so eccentric that her teachers felt it could be explained only on the score of "insanity", and

she was accordingly referred for examination. The conduct that was considered so extraordinary consisted of forging a check, in order to present expensive presents to one of her teachers, and cutting classes; and when a teacher who found her in the hall one day attempted to take her to the principal's office, she broke away and ran in ahead, bursting out without preamble, "I know you are going to expel me, but I wanted to come in and tell you myself that I have been cutting. You may send for my father, but not for my mother to come here." And then, with apparent irrelevance, "Don't you laugh at me!"

A study of the case showed a highly neurotic fourteen-year-old girl, coming from a family of which she said, "We are all alike. We flare up for any little thing. We may sit down at the table in perfectly good frames of mind; then somebody says something that some of us don't like, a quarrel begins, and we all yell at once." Not only does the mother have violent fits of rage, in which she throws her children to the floor and tramples on them, but she is constantly critical and often sarcastic. The material comfort of the home has been no compensation for the instability and inconsistency of the mother, who is the dominating parent, and Stella had come to be so apprehensive and unhappy that her mother referred to her as "funeral face".

Stella is very nearsighted, but in spite of the fact that without her glasses she is uncomfortable and at a disadvantage, she has been accustomed to leave them off when going to any social function because of her family's caustic comments on their unbecomingness. At parties she had "horrid times" because, if she danced, she was ridiculed for awkwardness, and if she did not, she was called a social grouch. Naturally, as a result of all this, Stella was constantly oppressed by self-consciousness and a sense of inferiority, and her feelings were often needlessly hurt because of her morbid sensitiveness. To avoid possible rebuff, because she thought herself unattractive, she made no effort to make friends and was very lonely. She craved encouragement, affection, and commendation, and there is no doubt that she sought to buy the favor of one of her teachers whom she liked, as well as to appear of some impor-

tance among her classmates, by bestowing elaborate gifts. These cost so much money that the shopkeeper became suspicious and reported the matter to the school, and it was then learned that money to pay for them had been obtained on a spurious check.

Stella has a superior type of intelligence (mental age 17; I.Q. 120). Consequently, the failures that she began having in her second term of high school may be attributed to lack of application conditioned by her failure to attempt to master certain subjects which did not immediately interest her and by self-pitying preoccupation over her unhappiness. Moreover, her studying was done in the dining room, where there were invariably other members of the family, so that concentration was difficult.

She gave a history of definite neurotic traits, and one could see at once that she was restless and flighty. She showed a tendency to quick, thoughtless responses which she often corrected spontaneously before they were fairly uttered, and one felt sure that her behavior was often ill-considered and without foresight because so impulsive, and that her "pertness" was part of her attempt to compensate for shyness. She is very immature and has never gotten over her childish expedient of running away from unpleasant or terrifying situations.

Treatment consisted in pointing out the discrepancy between her excellent intelligence and her conduct. The mechanism of her behavior was gone over with her in detail and was explained to her teachers, who were asked to give her as much encouragement as possible. One took a particular interest in her and invited her to act as a special helper. She responded in a rather oppressively thorough manner, but was really efficient, and under the feeling that she was useful and that she was appreciated, she changed amazingly, becoming much happier, more responsible, and more stable, and improved greatly in her school work. All these changes lessened the home friction, so that conditions were pleasanter there. She was able to go to a girls' camp the following summer and from there wrote an account that any normal, happy girl might have written to one of the faculty who had shown a

friendly interest in her. The following is an extract from her letter: "Yesterday, at 4 a.m. (imagine 4 a.m.!) I, who was always late at school, was awakened by a girl. I, who always hated darkness, dressed in the dark and ran down to the lake. We were going to watch the sun rise and then have breakfast on top of ——— Mountain. The rising of the sun was exquisite! marvelous! wonderful! When we arrived at the top we all rested. Then we made French toast. It was delicious."

Separation from her family for two months was doubtless of mutual advantage, and the impetus towards healthy living gained in camp carried over into the next year. Teachers who were and continue to be interested in Stella feel that psychiatric study in her case was of immense value, as from it they gained an understanding of her personality and behavior that led to intelligent and successful treatment.

Of three cases of dementia praecox, Sadie was referred because of chronic tardiness; Kate, because of lawless behavior that interfered with classroom work; Gratia, because of her tendency to move her lips without articulation, which led her teachers to think that she needed attention for a speech defect. The latter girl, though actively hallucinated and delusional, was quiet and never disturbing in the classroom. As soon as her teachers were told of her true condition, they treated her with remarkable patience and tact. She was able to graduate in the dressmaking course and later to take a position in a sewing establishment.

Kate, aged fourteen, was bright, but could not concentrate, so that she was failing in all subjects. Moreover, she was restless, irritable, argumentative, and showed a paranoid trend. Although it was a relief to her teachers to know that she was not just a wanton pest, she was such an upsetting influence that it was necessary to withdraw her from school. Commitment to a hospital was advised, as no intelligence was shown in her home care, but the family refused to coöperate.

Sadie, aged fifteen, like the other two, did good work in elementary grades, but slumped badly in her second and third terms in high school. She had never played much with other children, early displaying conspicuous irritability, quarreled

with her parents and sisters, and not only showed no affection for any one, but was very antagonistic towards her father and blamed her mother for everything, including her poor school work and tardiness. As a matter of fact, the latter was caused by the slowness with which she dressed, this being partly due to her habit of gazing in the mirror and talking to herself. She was suspicious and uncoöperative with every one and definitely delusional. Since she was getting no benefit from school, she was discharged and referred to an organization that maintained a mental clinic. In less than a year she became so disturbed that her father sought to have her committed to a state hospital.

In connection with the three cases just cited, it is interesting to note that of a fourteen-year-old girl, dreamy and sensitive, who was going through a trying experience, in the midst of which she thought she received a reassuring message from her dead mother by means of automatic writing. She acknowledged that she was depending increasingly on her phantasy life for satisfaction and in view of the fact that her mother had died in a hospital for the insane and that several of her paternal relatives were seclusive and suspicious, her own condition seemed potentially serious. At first it looked as if very little could be done, as her relatives resisted advice, and in spite of earnest effort to bring them to a better understanding of the girl's needs, it was felt that not much was accomplished. However, she found immediate relief in a free discussion of her difficulties and experiences with some one who understood, who did not think her "queer". Certain teachers, too, and a Big Sister established friendly relations with her and helped her to get recreation, and eventually there was some lessening of the tension at home. So far as is known, there have been no further pathological manifestations of her conflicts and yearnings. Certainly she was tided over a period of danger, but in view of her heredity and make-up, a guarded prognosis must be given.

## Conclusions

Our psychiatric study of high-school girls has had certain definite results from the point of view of therapy and education. Problem girls have been helped to make better adjust-

ment, because individual examinations have brought to light such important and often remediable conditions as the following:

a. Difficult home, family, or personal situations.
b. Unsuitable courses in school, resulting in lack of interest, sense of failure, and so forth.
c. Sensory, speech, and postural defects, malnutrition, glandular imbalance.
d. Morbid emotional states and difficult personality traits.
e. Psychoneurotic conditions, mental inferiority, or psychosis.

Measures that have been utilized to bring about better adjustments are:

a. Interpretation of the girl and her behavior to herself, her family, and her teachers.
b. Modification or radical change of courses to suit individual need, as a result of which disastrous over-reaching of ability has been averted or stopped. Tutoring in difficult subjects has been done in some cases.
c. Provision of needed medical and surgical care through appropriate clinics.
d. Provision of lunches by the schools in cases of malnutrition.
e. Provision for recreation or participation in group activities.
f. Attention to such needs as arise from shyness, discouragement, self-consciousness, a sense of inferiority, and other difficult personality traits.
g. Scholarships for certain students to enable them to concentrate on school work instead of struggling to combine study and part-time work.

It may be said, and in some cases with truth, that many of these forms of treatment might have been used without the advice of a psychiatrist, but it is equally true that often treatment applied by the schools is not efficacious because the root of the difficulty is not reached and cannot be without the aid of one familiar with the manifestations of nervous and mental sickness.

The interest of teachers has been promoted and some educational work done with them (1) through talks on early symptoms of nervous and mental conditions, designed to stimulate observation, (2) through holding case conferences on various types of problems, as well as (3) through discussing individual girls with those who were especially interested in them.

Because of the fact that the high-school group is essentially adolescent and that adolescence enters into so many of the problems presented, there would still be need for a psychiatrie service in the higher grades even if one were adequately maintained in the elementary schools.

The writer is convinced that there are decided advantages in holding the psychiatric interviews, at least the first interviews, in the schools. It is much simpler to take pupils from classrooms for examination than to arrange for them to go outside, and often the nervous girl who is most in need of attention may refuse to go to a clinic, or, if sufficiently coöperative to go, may suffer needlessly from apprehension or the thought that she is considered "queer". Moreover, the school has the confidence of the community, a fact of no mean importance, not only where ignorant, foreign-born parents must be considered, but quite generally in such a pioneer field as that of applying psychiatry to high-school problems.

STATISTICAL FACTS IN REGARD TO 250 HIGH-SCHOOL GIRLS
MARCH 14, 1921–JULY 1, 1924

| *Age* | *Number* |
|---|---|
| 11 years | 1 |
| 12 years | 2 |
| 13 years | 12 |
| 14 years | 48 |
| 15 years | 69 |
| 16 years | 60 |
| 17 years | 33 |
| 18 years | 17 |
| 19 years | 6 |
| 20 years | 1 |
| 21 years | 1 |
| Total | 250 |

| *Religion* | *Number* |
|---|---|
| Hebrew | 124 |
| Catholic | 74 |
| Protestant | 50 |
| None | 2 |
| Total | 250 |

NATIVITY OF GIRLS AND OF THEIR PARENTS

| *Nativity* | *Girls* | *One parent* | *Both parents* |
|---|---|---|---|
| United States | 230 | 36 | 56 |
| Australia | | 1 | |
| Austria | 3 | 13 | 26 |
| British Isles | 1 | 11 | 7 |
| Canada | | 6 | |
| Finland | | 1 | |
| France | | 2 | |
| Germany | | 10 | 2 |
| Greece | | | 1 |
| Holland | | | 1 |
| Hungary | | 5 | 5 |
| Italy | | 4 | 20 |
| Norway | | 1 | 3 |
| Poland | 1 | 3 | 4 |
| Roumania | | 8 | 3 |

| *Nativity* | *Girls* | *One parent* | *Both parents* |
|---|---|---|---|
| Russia | 15 | 15 | 59 |
| Sweden | | 2 | 2 |
| Switzerland | | 1 | |
| Unascertained | | 1 | 1 |
| Total | 250 | 120 | 190 |

| *Home conditions* | *Number* |
|---|---|
| Favorable | 190 |
| Unfavorable | 60 |
| Total | 250 |

| *Heredity* | *Number* |
|---|---|
| Negative | 205 |
| Positive | 45 |
| Total | 250 |

| *Problem for which referred* | *Number* |
|---|---|
| Scholarship alone | 76 |
| Conduct | 45 |
| Scholarship and conduct | 29 |
| Physical condition | 19 |
| Nervousness | 17 |
| Scholarship and physical condition | 15 |
| Mental peculiarity | 11 |
| Physical condition and mental peculiarity | 8 |
| Scholarship and nervousness | 7 |
| Scholarship and mental peculiarity | 3 |
| Scholarship and physical condition | 3 |
| Conduct and physical condition. | 3 |
| Scholarship, conduct, and physical condition | 2 |
| Conduct and mental peculiarity.. | 1 |
| Nervousness and mental peculiarity | 1 |
| Scholarship, conduct, and mental condition | 1 |
| Scholarship, nervousness, and physical condition | 1 |
| Conduct, nervousness, and mental condition | 1 |
| Scholarship and miscellaneous problem | 2 |
| Miscellaneous | 5 |
| Total | 250 |

| *Grade* | *Number* |
|---|---|
| First term | 51 |
| Second term | 42 |
| Third term | 42 |
| Fourth term | 45 |
| Fifth term | 34 |
| Sixth term | 16 |
| Seventh term | 11 |
| Eighth term | 9 |
| Total | 250 |

| *Intelligence quotient* | *Number* |
|---|---|
| 120 plus | 2 |
| 110–119 | 14 |
| 100–109 | 41 |
| 90– 99 | 71 |
| 80– 89 | 68 |
| 70– 79 | 38 |
| 60– 69 | 9 |
| Unknown | 7 |
| Total | 250 |

| *Diagnosis* | *Number* |
|---|---|
| Superior intelligence | 13 |
| Normal intelligence | 99 |
| Dull-normal intelligence | 76 |
| Border-line intelligence | 28 |
| Mental defect | 2 |
| Constitutional psychopathic inferiority | 14 |
| Psychoneurosis | 14 |
| Psychosis | 3 |
| Undiagnosed | 1 |
| Total | 250 |

# A STUDY OF CERTAIN AUTO-EROTIC PRACTICES

## BASED ON THE REPLIES OF 2,255 WOMEN TO QUESTIONNAIRES PREPARED BY THE BUREAU OF SOCIAL HYGIENE WITH THE ADVICE OF A COÖPERATING COMMITTEE

### PART II

KATHARINE BEMENT DAVIS, Ph.D.
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PART I of our study of certain auto-erotic practices [1] was based in the main on the replies of 1,000 women, college graduates, to a carefully prepared questionnaire. The character of the questionnaire is discussed and a description of the group that replied is given in that article. The material on which Part II is based comes from the replies of 1,073 married women to a previous questionnaire sent to women not all of whom were college graduates.

The list of names to whom the original letter asking for coöperation was sent was prepared not only from catalogues of the alumnæ of our leading colleges and universities, but also from the published membership lists of some of the largest women's clubs of the country. The only selection that was made was to secure geographical distribution and, in the case of the college women, representation of different age and occupational groups.

Ten thousand letters were sent out, with cards and addressed envelopes enclosed for the replies of those who cared to coöperate. About one-third of the cards were returned. To these the questionnaires were sent, resulting in the return of 1,023 that were filled in satisfactorily. In addition, 50 filled-in questionnaires were received from women who had had personal interviews with Dr. Elizabeth Spencer

[1] See MENTAL HYGIENE, Vol. 8, pp. 668-723, July, 1924.

McCall of the Pennsylvania Women's Medical College, Philadelphia.[1]

### Description of Group Discussed

A comparison of the first 1,000 papers received with the total of 1,073 papers showed such a very insignificant variation in the percentages of those engaged in auto-erotic practices that, unless otherwise stated, we have used results only from the first 1,000 cases in our present study.

Of the 1,000 women, 691 were college graduates. Only one woman failed to answer the questions as to education. Among the graduates, 3 had Ph.D.'s, 26 were M.D.'s, 30 had received M.A.'s, 1 was a graduate of a law school, 1 had a second degree unspecified, and 41 had done graduate work without taking a degree. Thirty-five had either attended private schools only or in a few instances had always had private tutoring, while 62 others had less than a high-school education.

The average age of the group at the time of replying was 38.3 years. There were three women of twenty-one and one woman of eighty-three who replied, while the mode was thirty years (68 cases).[2] While the mode is the same as that for the unmarried women—thirty years (92 cases)—the spread of the ages is wider and the average is 1.2 years higher. Very large proportions of the two groups, however, fall within the same age limits.

A much larger percentage of the married group than of the unmarried college women had never been gainfully employed outside the home. Of the latter, only 46 individuals had never been gainfully employed, while 397 of the married women had done no financially remunerative work previous to marriage.

Of the 597 who had been employed, 369 had been in the teaching profession. The other groups are all small. Twenty-six were physicians, 46 had been stenographers or clerks, and 31 were engaged in social work. As in the group of un-

[1] See "The Use of Contraceptives", by Katharine Bement Davis. *Journal of Social Hygiene*, Vol. 8, pp 173-89, April, 1922.

[2] For age distribution, see Table II, pages 33-34.

married women, practically every occupation open to women had at least one representative.

As to general health, 74.1 per cent reported that prior to marriage their health had been good or better. Only 30 individuals, or 3 per cent, gave poor or very poor, while the remainder were "fair" or "delicate", or, in 19 cases, varied from childhood to marriage.

After marriage, 66.5 per cent reported no change in health, while 19 per cent reported improved conditions and 14.5 per cent a poorer state of health. In the case of 5 others the question was not answered.

Only 116 of the entire number said that their marriages had proved unhappy. Thus it will be seen that the married women's group, like that of the unmarried, is made up for the most part of women of good health and education beyond the average, and, in the case of the married women, a large majority are happily married.[1]

### Differences in the Two Questionnaires Used

The married women's questionnaire differed from that used later for unmarried women in some important structural particulars. In the first place, we used in the former a classification based on age instead of on subject. For example, in both cases, Section I deals with questions of general information. Section II in the married women's questionnaire brings together all the experiences that occurred in childhood up to fourteen years. Section III, dealing with the fourteen years up to the marriage period, covers much the same grounds, but with additions. Section IV deals entirely with marriage, and Section V is for women who have passed the menopause.

In the questionnaire for unmarried women, Section II deals exclusively with sex information and sex instruction, Section III with sex feeling and sex experience (this is by far the longest portion), while Section IV concerns itself with sex problems.

Another very important difference is the much greater

[1] For further discussion of this group, see *Journal of Social Hygiene*, Vol. 9, pp. 1-26 and 129-46, January and March, 1923.

space given in the second questionnaire to explanation and definition. The necessity for this had been taught us by experience. For this reason we found less precision in the answers to the married women's questionnaire and more frequent misunderstanding of the terms used.

### The Extent of Auto-Erotic Practices

In Section II of the married women's questionnaire, dealing with the experiences of childhood up to fourteen years, without definition or reference to the orgasm, we ask concerning masturbation:

16. Did you enter during childhood (up to 14 years) into any definite sex practices of any kind:

(1) Masturbation (handling of the sex organs to produce sex pleasure)? If so:

(a) What led you into this practice? Was it spontaneous or suggested by others?

(b) At what age did you begin it?

(c) How long did you continue it?

(d) How frequently did you practice it?

In the following section, dealing with the period from fourteen years to marriage, we ask precisely the same question in the same words.

In the section dealing with marriage no question is asked concerning masturbation. It is difficult, therefore, at some points to make accurate comparisons with the data furnished by the unmarried women's questionnaire.

In answer to question 16 (1), of Section II, 246 women admitted the practice of masturbation or the handling of sex organs for pleasure. In Section III, to the same question, 292 replied in the affirmative. Of these, 157 had continued the practice from childhood, while 135 had begun after the fourteenth birthday.

Having failed to ask any questions concerning masturbation after marriage, our only knowledge of the continuance of the practice comes by comparing age at beginning and length of time the practice continued with age at marriage, except in the 24 cases where the writer says "all my life" in answer to 16 (1) (c).

Thus we are able to say in 62 cases only that the practice

was continued after marriage, but in no case that it was *begun* after marriage.

TABLE I. EXTENT OF PRACTICE OF MASTURBATION (HANDLING SEX ORGANS FOR PLEASURE)

| | *Number* | *Per cent* |
|---|---|---|
| Practiced at some time | 381 | 40.1 |
| Denied any practice | 570 | 59.9 |
| Total replying | 951 | 100.0 |
| Unanswered | 49 | |
| Grand total | 1,000 | |

It will be recalled that of the 1,000 unmarried college women, 603, or 64.8, of those replying admitted the practice at some time. Table I shows that the percentage of married women who admit the practice is 24.7 per cent lower.

If, however, we examine Tables III and IV of Part I,[1] we find that we can definitely place 94 individuals of the unmarried group as having begun the practice at twenty-five years or later. Deducting these from our total 603, together with the 80 whom we cannot place as to age, we find that 429 individuals, or 46 per cent, began the practice before the age at which the average member of the second group married. (The average age at marriage was 25.7 years.) Comparing this latter percentage with the percentage of the married women who admitted the practice, we get a difference of only 6 per cent between the two groups. Certain reasons for the difference in this particular may be surmised, but any discussion of them would carry us further into the field of interpretation than it is wise to go.

### Age Distribution

Table II shows the age distribution of the married women at the time of reporting, divided as to practice of masturbation into the groups of those who admitted masturbation, those who denied it, and those who did not answer the question. It will be noted that the difference in average age of those who admitted and those who denied masturbation is only one year, a difference not large enough to be significant.

[1] Mental Hygiene, Vol. 8, July, 1924, pp. 679 and 680.

TABLE II. PRESENT AGES OF THOSE REPORTING AND NOT REPORTING AS TO MASTURBATION

| *Age* | *Total group* | *Masturbated* | *Never masturbated* | *Unanswered as to masturbation* |
|---|---|---|---|---|
| Unanswered | 13 | 4 | 9 | .. |
| 21 years | 3 | 2 | 1 | .. |
| 22 years | 2 | 1 | 1 | .. |
| 23 years | 3 | 2 | 1 | .. |
| 24 years | 8 | 4 | 3 | 1 |
| 25 years | 17 | 6 | 11 | .. |
| 26 years | 33 | 13 | 17 | 3 |
| 27 years | 30 | 10 | 18 | 2 |
| 28 years | 50 | 16 | 32 | 2 |
| 29 years | 44 | 26 | 17 | 1 |
| 30 years | 68 | 26 | 38 | 4 |
| 31 years | 52 | 18 | 32 | 2 |
| 32 years | 44 | 21 | 21 | 2 |
| 33 years | 48 | 14 | 32 | 2 |
| 34 years | 27 | 9 | 15 | 3 |
| 35 years | 37 | 14 | 21 | 2 |
| 36 years | 30 | 11 | 17 | 2 |
| 37 years | 25 | 14 | 10 | 1 |
| 38 years | 40 | 17 | 23 | .. |
| 39 years | 40 | 12 | 26 | 2 |
| 40 years | 36 | 12 | 23 | 1 |
| 41 years | 20 | 10 | 10 | .. |
| 42 years | 35 | 11 | 19 | 5 |
| 43 years | 29 | 12 | 13 | 4 |
| 44 years | 27 | 12 | 14 | 1 |
| 45 years | 24 | 8 | 15 | 1 |
| 46 years | 25 | 11 | 12 | 2 |
| 47 years | 22 | 5 | 16 | 1 |
| 48 years | 16 | 7 | 9 | .. |
| 49 years | 16 | 5 | 11 | .. |
| 50 years | 15 | 5 | 10 | .. |
| 51 years | 14 | 8 | 5 | 1 |
| 52 years | 11 | 4 | 6 | 1 |
| 53 years | 12 | 4 | 8 | .. |
| 54 years | 9 | 4 | 5 | .. |
| 55 years | 11 | 4 | 6 | 1 |
| 56 years | 6 | .. | 6 | .. |
| 57 years | 6 | 2 | 4 | .. |
| 58 years | 9 | 2 | 6 | 1 |
| 59 years | 8 | 2 | 6 | .. |
| 60 years | 2 | 1 | 1 | .. |
| 61 years | 4 | 2 | 2 | .. |
| 62 years | 5 | 3 | 2 | .. |
| 63 years | 2 | 1 | 1 | .. |

| *Age* | *Total group* | *Masturbated* | *Never masturbated* | *Unanswered as to masturbation* |
|---|---|---|---|---|
| 64 years | 2 | 1 | 1 | .. |
| 65 years | 6 | 3 | 3 | .. |
| 66 years | 1 | .. | 1 | .. |
| 67 years | 2 | 1 | 1 | .. |
| 68 years | 3 | 1 | 2 | .. |
| 69 years | 3 | .. | 3 | .. |
| 70 years | 1 | .. | .. | 1 |
| 74 years | 1 | .. | 1 | .. |
| 76 years | 1 | .. | 1 | .. |
| 79 years | 1 | .. | 1 | .. |
| 83 years | 1 | .. | 1 | .. |
| | 1,000 | 381 | 570 | 49 |

| *Total group* | | *Masturbated* | | *Never masturbated* | | *Unanswered as to masturbation* | |
|---|---|---|---|---|---|---|---|
| Oldest | 83 | Oldest | 68 | Oldest | 83 | Oldest | 70 |
| Youngest | 21 | Youngest | 21 | Youngest | 21 | Youngest | 24 |
| Mode | 30 | Mode | 29 and 30 | Mode | 30 | Mode | 42 |
| Average | 38.3 | Average | 37.7 | Average | 38.7 | Average | 37.7 |

## Age at Which Practice Began

Table III shows the ages at which the practice began in the two general groups of those who began before and after fourteen years of age. In both groups, those who failed to give their ages and those who could not remember them stated, nevertheless, that the practice was begun in this period.

TABLE III. AGE AT BEGINNING MASTURBATION

A. THOSE WHO BEGAN PRACTICE IN CHILDHOOD (BEFORE FOURTEEN)

| *Age at which practice began* | *Number* | |
|---|---|---|
| Unanswered | 6 | |
| Exact age not remembered | 13 | |
| | | 19 |
| In infancy—very young | | 21 |
| 3 years | | 1 |
| 4 years | | 6 |
| Before 5 | | 2 |
| 5 years | | 22 |
| 6 years | | 7 |
| Before 7 | | 1 |
| 7 years | | 14 |
| Before 8 | | 1 |
| 8 years | | 25 |

| *Age at which practice began* | *Number* |
|---|---|
| 9 years | 21 |
| 10 years | 27 |
| 11 years | 25 |
| Before 12 | 1 |
| 12 years | 32 |
| 13 years | 17 |
| 13 to 14 years | 4 |
| | 246 |

B. THOSE WHO BEGAN PRACTICE IN GIRLHOOD (FOURTEEN YEARS TO MARRIAGE)

| *Age at which practice began* | | *Number* |
|---|---|---|
| Unanswered | 6 | |
| Exact age not remembered | 6 | |
| | | 12 |
| Early teens | | 2 |
| Late teens | | 1 |
| "High-school age" | | 1 |
| 14 years | | 13 |
| 15 years | | 13 |
| 16 years | | 12 |
| 17 years | | 5 |
| 18 years | | 14 |
| 19 years | | 8 |
| 20 years | | 8 |
| After 20 years | | 4 |
| 21 years | | 5 |
| 22 years | | 9 |
| 23 years | | 9 |
| 24 years | | 4 |
| 25 years | | 7 |
| 26 years | | 2 |
| 27 years | | 3 |
| 28 years | | 1 |
| 30 years | | 1 |
| 34 years | | 1 |
| | | 135 |

## Education and Practice of Masturbation

The only group of women of less than collegiate education concerning whom we have information is the group of 308 included in our study of married women.

In Table IV we have correlated education with the practice of masturbation.

TABLE IV. PRACTICE OF MASTURBATION CORRELATED WITH EDUCATION

| *Practice* | *Total group* | | *College graduates* | | *Less than college education* | | *Education unascertained* |
|---|---|---|---|---|---|---|---|
| | No. | Per cent | No. | Per cent | No. | Per cent | No. |
| Masturbated . . . . . | 381 | 40.1 | 270 | 41.1 | 111 | 37.9 | .. |
| Denied masturbation | 570 | 59.9 | 387 | 58.9 | 182 | 62.1 | 1 |
| Total replying .. | 951 | 100.0 | 657 | 100.0 | 293 | 100.0 | 1 |
| Unanswered . . . . . | 49 | | 34 | | 15 | | .. |
| Total . . . . . | 1,000 | | 691 | | 308 | | 1 |

It will be noted from this table that the difference between the percentages of the two educational groups of those admitting the practice is only 3.2 per cent. This difference is not large enough to be significant. If, however, we divide these two groups into the age groups at time of beginning the practice that we used in the study of unmarried women, we observe some differences, which, mathematically considered, can be said to be certainly significant.

TABLE V. AGE AT BEGINNING MASTURBATION GIVEN IN THE AGE GROUP USED IN STUDY OF UNMARRIED WOMEN * AND CORRELATED WITH EDUCATION **

| | *Unmarried women* | | *Total group* | | *Married women* *College graduates* | | *Non-college graduates* | |
|---|---|---|---|---|---|---|---|---|
| Up to and including | Number | Per cent | Number | Per cent | Number | Per cent | Number | Per cent |
| 11 years ..... | 255 | 48.4 | 174 | 50.3 | 112 | 45.9 | 62 | 60.8 |
| 12-14 years .... | 61 | 11.6 | 66 | 19.1 | 50 | 20.5 | 16 | 15.7 |
| 15-17 years .... | 23 | 4.3 | 30 | 8.7 | 21 | 8.6 | 9 | 8.8 |
| 18 years and over | 188 | 35.7 | 76 | 22.0 | 61 | 25.0 | 15 | 14.7 |
| Total . . . . . | 527 | 100.0 | 346 | 100.0 | 244 | 100.0 | 102 | 100.0 |

* See note 1, page 28.

** Only those cases that are definitely placeable have been used.

The difference between the college and non-college graduates who began the practice before and including eleven years amounts to 14.9 per cent. This difference is large enough to be certainly significant. Just why a lower percentage of girls who will later go to college should begin the practice at this early age it is impossible to say. The fact,

however, points to the desirability of intensive study at this particular point.

The reverse is true of the groups that began the practice at eighteen years or older. Here the percentage of college trained women is 10.3 per cent greater—a difference that is certainly significant.

A similar difference of 13.7 between the group of unmarried college women beginning the practice in this latter period and the total group of married women can probably be partially explained by the mere fact of the gratification of sexual desire in marriage by the latter group.

For the purpose of further studying the question of marriage in relation to masturbation, we have tabulated the ages at marriage of college and non-college women, classifying in the same table the various categories we have been using as to masturbation. Perhaps it should be noted that the college graduate who married at fifteen stated that she took her college course *after* marriage.

TABLE VI. AGE AT MARRIAGE OF THE VARIOUS GROUPS STUDIED AS TO MASTURBATION

| *Age at marriage* | *Total group* | *College graduates* | *Non-college graduates* | *Unanswered as to masturbation* | | *Never practiced** | | *Began practice before 18* | | *Began practice 18 years and after* | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | *C.* | *N. C.* | *C.* | *N. C.* | *C.* | *N. C.* | *C.* | *N. C.* |
| 15 | 1 | 1 | .. | .. | .. | 1 | .. | .. | .. | .. | .. |
| 16 | 2 | .. | 2 | .. | .. | .. | 2 | .. | .. | .. | .. |
| 17 | 5 | 1 | 4 | .. | .. | 1 | 4 | .. | .. | .. | .. |
| 18 | 11 | 3 | 8 | .. | 1 | 2 | 7 | 1 | .. | .. | .. |
| 19 | 19 | 2 | 17 | .. | 1 | 1 | 12 | 1 | 4 | .. | .. |
| 20 | 26 | 6 | 20 | .. | 1 | 3 | 14 | 2 | 4 | 1 | 1 |
| 21 | 43 | 15 | 28 | 1 | 1 | 9 | 16 | 5 | 9 | .. | 2 |
| 22 | 89 | 57 | 32 | 3 | 2 | 31 | 18 | 18 | 10 | 2 | 2 |
| 23 | 107 | 73 | 34 | 4 | 2 | 47 | 20 | 16 | 10 | 6 | 2 |
| 24 | 131 | 100 | 31 | 6 | 1 | 61 | 18 | 26 | 9 | 6 | 1 |
| 25 | 129 | 97 | 32 | 5 | 2 | 60 | 16 | 22 | 10 | 8 | 4 |
| 26 | 100 | 77 | 23 | 3 | 1 | 39 | 14 | 28 | 7 | 7 | .. |
| 27 | 75 | 53 | 22 | 3 | 2 | 30 | 16 | 14 | 3 | 6 | 1 |
| 28 | 58 | 44 | 13 | 2 | 1 | 19 | 8 | 16 | 4 | 7 | .. |
| 29 | 44 | 36 | 8 | 2 | .. | 18 | 3 | 13 | 5 | 3 | .. |
| 30 | 35 | 29 | 6 | 1 | .. | 18 | 3 | 7 | 3 | 3 | .. |
| 31 | 35 | 30 | 5 | 1 | .. | 16 | 1 | 8 | 3 | 3 | 1 |
| 32 | 18 | 13 | 5 | 1 | .. | 5 | 2 | 4 | 2 | 3 | 1 |
| 33 | 14 | 9 | 5 | .. | .. | 4 | 1 | 4 | 4 | 1 | .. |
| 34 | 13 | 12 | 1 | 1 | .. | 7 | 1 | 3 | .. | .. | .. |
| 35 | 8 | 3 | 5 | .. | .. | 3 | 2 | .. | 3 | .. | .. |

TABLE VI—CONTINUED

| Age at marriage | Total group | College graduates | Non-college graduates | Unanswered as to masturbation C. | Unanswered as to masturbation N.C. | Never practiced* C. | Never practiced* N.C. | Began practice before 18 C. | Began practice before 18 N.C. | Began practice 18 years and after C. | Began practice 18 years and after N.C. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 36 | 11 | 9 | 2 | .. | .. | 3 | 1 | 6 | 1 | .. | .. |
| 37 | 6 | 6 | .. | 1 | .. | 4 | .. | .. | .. | 1 | .. |
| 38 | 6 | 6 | .. | .. | .. | 3 | .. | 2 | .. | 1 | .. |
| 39 | 3 | 3 | .. | .. | .. | .. | .. | 2 | .. | 1 | .. |
| 40 | 1 | 1 | .. | .. | .. | 1 | .. | .. | .. | .. | .. |
| 41 | 1 | .. | 1 | .. | .. | .. | 1 | .. | .. | .. | .. |
| 42 | 2 | .. | 2 | .. | .. | .. | 1 | .. | 1 | .. | .. |
| 43 | 1 | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. |
| 44 | 1 | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. |
| 45 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 46 | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. |
| 47 | 1 | 1 | .. | .. | .. | 1 | .. | .. | .. | .. | .. |
| 53 | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | 1 | .. |
| Unanswered as to age | 2 | .. | 2 | .. | .. | .. | 1 | .. | 1 | .. | .. |
| | 1,000 | 691 | 308 | 34 | 15 | 387 | 182 | 200 | 93 | 61 | 15 |
| Began after 14—indefinite as to exact time | | | | | | | | 9 | 3 | .. | .. |
| | | | | | | | | 209 | 96 | 61 | 15 |
| Average age at marriage | 25.7 | 26.4 | 24.3 | 26.0 | 23.3 | 26.0 | 23.8 | 26.6 | 25.5 | 27.8 | 24.4 |

* There was one case among those who had never masturbated who did not answer as to education

From this table we observe that the college women are 2.1 years older at the time of marriage than the non-college women. This is in accord with the general belief that a college course tends to postpone marriage.

A mathematical treatment of the figures shows that there is not one chance in infinity but that this is a real difference and not the result of chance sampling.

The same thing is true as to the greater age at marriage of the college group that began the practice at eighteen and after, which amounts to 3.4 years.

### How the Practice Began

Data as to the means by which the practice was acquired are summarized in Table VII.

Reference to the form of the questions concerning the practice of masturbation shows that the one as to the method by which masturbation was acquired in childhood was suggestive of the answer to be given—namely, "spontaneous" or "suggested by others". It is not surprising, therefore, that the majority of the writers used one term or the other in replying and did not go further into detail. When they did so, the same statements were made that we found in the study of unmarried women. Under "spontaneous" we find "accidental, while sliding down a rope", "while handling organs in bathing", and so forth; or "taught by my playmates", "by a girl friend", or "by the hired man". As the cases in which details were given were so infrequent, we have not tabulated them.

Of the 292 women who admit the practice of masturbation in girlhood, 135 acquired the habit at the age of fourteen or after; the remaining 157 carried the habit over from childhood.

Of the 135 a significantly larger proportion are not content with using the term "spontaneous" or "suggested by others", but give what in their own minds are the reasons for beginning.

In a later section of the questionnaire questions are asked concerning spooning. In answer to question as to results, 67 women attribute the practice of masturbation directly to spooning. These women further classify their reasons as "spontaneous", "own desires", "thoughts of lover", and "daydreams".

TABLE VII. MEANS BY WHICH MASTURBATION WAS ACQUIRED IN THE GROUP OF MARRIED WOMEN ADMITTING THE PRACTICE

A. THOSE WHO BEGAN PRACTICE IN CHILDHOOD (BEFORE FOURTEEN)

| *Means of acquiring practice* | *Number* | *Per cent* |
|---|---|---|
| Accidental—spontaneous . . . . . | 128 | 52.0 |
| Suggested by others . . . . . | 102 | 41.5 |
| Do not recall . . . . . | 16 | 6.5 |
| Total . . . . . | 246 | 100.0 |

B. THOSE WHO BEGAN PRACTICE IN GIRLHOOD (FOURTEEN YEARS TO MARRIAGE)

| *Means of acquiring practice* | *Number* | *Per cent* |
|---|---|---|
| Accidental—spontaneous | 51 | 38.3 |
| Suggested by others | 19 | 14.3 |
| Own desires | 25 | 18.8 |
| Thoughts of lover | 14 | 10.5 |
| Curiosity | 11 | 8.3 |
| Daydreams | 5 | |
| Reading erotic books | 5 | |
| Dancing | 1 | 9.8 |
| Presence of men | 1 | |
| Psychological reading | 1 | |
| Total replying | 133 | 100.0 |
| Unanswered | 2 | |
| | 135 | |

## Length of Time Practice was Continued

Table VIII shows the length of time the practice was continued in the two groups we have been considering.

TABLE VIII. LENGTH OF TIME THE PRACTICE OF MASTURBATION WAS CONTINUED IN THE TWO GROUPS THAT BEGAN THE PRACTICE IN CHILDHOOD AND IN GIRLHOOD RESPECTIVELY

| *Length of practice* | *Began in childhood** | *Began in girlhood* |
|---|---|---|
| To date of reporting | 24 | 9 |
| Until marriage | 24 | 29 |
| Until engagement | 3 | 2 |
| During engagement | .. | 2 |
| "Many years" | 3 | 1 |
| "Several years" | 11 | 5 |
| "Through girlhood" | 2 | .. |
| 30 years | 2 | .. |
| 28 years | 1 | .. |
| 26 years | 1 | .. |
| 20 years | 1 | .. |
| 19 years | 1 | .. |
| 18 years | 2 | .. |
| 17 years | 3 | .. |
| 15 years | 1 | .. |
| 14 years | 1 | .. |
| 13 years | 3 | .. |
| 12 years | 4 | 1 |
| 11 years | .. | 1 |
| 10 years | 5 | 1 |

| *Length of practice* | *Began in childhood** | *Began in girlhood* |
|---|---|---|
| 9 years | 7 | .. |
| 8 years | 1 | 1 |
| 7 years | 7 | 2 |
| 6 years | 9 | 5 |
| 5 years | 6 | 5 |
| 4 years | 8 | 6 |
| 3 years | 9 | 7 |
| 2 years | 17 | 9 |
| 1 year | 11 | 7 |
| "A few months" | 3 | 13 |
| "A few weeks" | 9 | .. |
| "A short time" | 28 | 15 |
| Once or twice only | 1 | 3 |
| "Do not remember" | 13 | 9 |
| Unanswered | 25 | 2 |
| | 246 | 135 |

* In 157 cases the practice was carried over from childhood into girlhood.

An inspection of this table shows that only 33 individuals acknowledge the continuation of the practice up to the present, but, as has been previously noted, a comparison of age at beginning the practice, length of time it continued, and age of marriage gives us 29 other cases in which the practice was continued after marriage.

This group, however, is so small that we have not considered it separately except as to specific comparisons shown in Tables XII, XIII, XIV, XVI.

## Frequency of Practice

Data as to frequency of practice are given in Table IX.

TABLE IX. FREQUENCY WITH WHICH MASTURBATION WAS PRACTICED IN THE TWO GROUPS THAT BEGAN PRACTICE IN CHILDHOOD AND IN GIRLHOOD RESPECTIVELY

| *Frequency* | *Began in childhood* | *Began in girlhood* |
|---|---|---|
| Several times a day | 1 | .. |
| Every day, nightly | 18 | 5 |
| "Frequently" | 14 | 6 |
| Two or three times a week | 6 | 4 |
| Once a week | 22 | 8 |
| Two to four times a month | .. | 10 |
| Once or twice a month | 20 | 15 |

| *Frequency* | *Began in childhood* | *Began in girlhood* |
|---|---|---|
| "Irregularly", "occasionally" | 45 | 3 |
| "Infrequently" | 82 | 56 |
| Two to six times only | 5 | 9 |
| Once or twice only | 2 | 3 |
| Do not remember | 12 | 3 |
| Unanswered | 19 | 13 |
| Total | 246 | 135 |

No comment on this table is necessary beyond noting, as we did in our study of unmarried college women, that the terms "infrequently", "occasionally", and "irregularly" mean different things to different individuals. The numbers of those who can or do give definite replies are too small to be treated mathematically.

## Effect of Masturbation on Personality

In the section of the questionnaire devoted to girlhood, the writers were asked to answer the following:

What effects, as you estimate them now, have the following experiences (if they occurred) had upon the quality of your personality, character, and life?

1. Spooning
2. Masturbation
3. Sex intercourse before marriage

Of the 292 women who admitted masturbation during this period, only 190 answered relevantly.

These answers are given in Table X.

TABLE X. EFFECT OF MASTURBATION ON PERSONALITY

| *Effect* | *Number* | | *Per cent* |
|---|---|---|---|
| Little, if any, effect | | 60 | 31.6 |
| Helpful; good effect: | | | |
| Relieved nervous tension | 4 | | |
| Eased mind | 1 | | |
| Gave clearer understanding of temptation and therefore made more sympathetic and useful | 29 | | |
| Effort to resist temptation strengthened character | 6 | 40 | 21.1 |

| *Effect* | | *Number* | *Per cent* |
|---|---|---|---|
| Harmful, bad effect: | | | |
| Caused self-disgust and repression. Made nervous and morbid | 36 | | |
| Weakened physically and morally | 19 | | |
| Caused loss of later sensation and killed desire | 5 | | |
| Weakened will | 6 | | |
| Led to pessimism | 2 | | |
| Made more passionate | 1 | | |
| Harmful, not described | 21 | 90 | 47.4 |
| Total replying | | 190 | 100.0 |
| Unanswered | 82 | | |
| Do not know | 6 | | |
| Answer irrelevant | 14 | 102 | |
| Grand total | | 292 | |

It will be noted that 47.4 per cent of those who replied believe that the effect of the practice of masturbation is bad in their own cases. Reference to Table XXI in Part I of this study,[1] dealing with unmarried college women, shows that if the two groups of those who were continuing and those who had stopped the practice of masturbation were added together, 168 individuals, or 35.7 per cent, of the 471 who replied definitely to this question believed the effect to be bad personally. This difference of 11.7 per cent between unmarried and married is sufficiently large to indicate a real difference in the groups studied. Whether this difference in point of view is due solely or in part to the fact that the group with the higher percentage is composed of married women, it is impossible to say.

### Relation of Practice to Physical Health

The relation of masturbation to physical health is one of the most important problems connected with the subject. Two questions as to health were asked in the married women's questionnaire, both in the section devoted to general questions. The first asks as to general health prior to marriage. As we wished to compare the answers with those of the unmarried women, these seemed the more comparable data for the purpose. They are given in Table XI.

[1] Mental Hygiene, Vol. 8, July, 1924, p. 705.

TABLE XI. PRACTICE OF MASTURBATION CORRELATED WITH PHYSICAL HEALTH BEFORE MARRIAGE.

| | *Total group* | | *Practiced* | | *Never practiced* | | *Unanswered* | |
|---|---|---|---|---|---|---|---|---|
| *Health* | No. | Per cent | No. | Per cent | No. | Per cent | No. | Per cent |
| Excellent ..... | 324 | 32.4 | 110 | 28.9 | 194 | 34.0 | 20 | 40.8 |
| Good ..... | 417 | 41.7 | 163 | 42.8 | 236 | 41.4 | 18 | 36.7 |
| Fair ..... | 167 | 16.7 | 61 | 16.0 | 99 | 17.4 | 7 | 14.3 |
| Never very strong, delicate, not robust ..... | 43 | 4.3 | 21 | 5.5 | 19 | 3.3 | 3 | 6.1 |
| Poor ..... | 29 | 2.9 | 10 | 2.6 | 19 | 3.3 | 0 | .. |
| Very poor ..... | 1 | 0.1 | 1 | 0.3 | .. | .. | 0 | .. |
| Good as a child; then poor until marriage ..... | 7 | 0.7 | 4 | 1.0 | 3 | 0.5 | 0 | .. |
| Poor as a child; improving to marriage ..... | 12 | 1.2 | 11 | 2.9 | .. | .. | 1 | 2.0 |
| Total . . . ... | 1,000 | 100.0 | 381 | 100.0 | 570 | 100.0 | 49 | 100.0 |

Combining those who reported "excellent" and "good" in the two groups of married women who had and who had not practiced masturbation, we find that the difference of 3.7 per cent in favor of the latter is not sufficient to be significant. Comparing the percentage of married women who had practiced masturbation and whose health had been good or excellent with the percentage of the group of unmarried college women who had stopped the practice and whose health was also good or excellent, as shown in Table XXVI, Part I,[1] we find the percentages almost identical, being 71.4 per cent in one case and 71.7 per cent in the other.

The only group of married women whose health we can compare with the unmarried women who were practicing at the time of reporting are the 62 cases of married women whom we found practicing after marriage.

These data are presented in Table XII.

[1] MENTAL HYGIENE, Vol. 8, July, 1924, p. 719.

TABLE XII.—HEALTH BEFORE AND AFTER MARRIAGE OF THE GROUP OF 62 WHO ADMITTEDLY PRACTICED MASTURBATION AFTER MARRIAGE COMPARED WITH HEALTH BEFORE AND AFTER MARRIAGE OF THE ENTIRE GROUP.

A. HEALTH BEFORE MARRIAGE.

| *Health* | *Entire group* | | *Group of 62* | |
|---|---|---|---|---|
| | Number | Per cent | Number | Per cent |
| Excellent | 324 | 32.4 | 15 | 24.2 |
| Good | 417 | 41.7 | 34 | 54.8 |
| Fair | 167 | 16.7 | 9 | 14.5 |
| Never strong, delicate | 43 | 4.3 | 1 | 1.6 |
| Poor | 29 | 2.9 | 3 | 4.8 |
| Very poor | 1 | 0.1 | .. | .. |
| Good as a child; then poor to marriage | 7 | 0.7 | .. | .. |
| Poor as a child; then good to marriage | 12 | 1.2 | .. | .. |
| Total | 1,000 | 100.0 | 62 | 100.0 |

B. HEALTH AFTER MARRIAGE.

| *Health* | *Entire group* | | *Group of 62* | |
|---|---|---|---|---|
| | Number | Per cent | Number | Per cent |
| The same | 662 | 66.5 | 31 | 50.0 |
| Better | 189 | 19.0 | 18 | 29.0 |
| Worse | 144 | 14.5 | 13 | 21.0 |
| | 995 | 100.0 | 62 | 100.0 |
| Unanswered as to health after marriage | 5 | .. | .. | .. |
| | 1,000 | | | |

As between the group of 62 and the entire group there is not sufficient difference in percentages to be significant.

An interesting comparison, however, can be made with data presented in our study of the happiness of married life. In that study we found greater *stability* of health in the group happily married.[1] That is, a significantly higher per cent reported no change in health after marriage. In the unhappy group a significantly higher percentage were both better and worse than before marriage. Table XII shows that the 62 women who practiced masturbation after marriage were also less stable than those who had not.

Of the 988 married women who answered the question, only 116, or 11.7 per cent, reported that the marriage was more or

[1] See *Journal of Social Hygiene*, Vol. 9, January, 1923, p. 10.

less unhappy. Of the 62 who masturbated after marriage, 15, or 24.2 per cent, belong to the unhappy group. The difference of 12.5 per cent is large enough to be significant in spite of the small size of the latter group.

As to causal relationship, whether unhappiness in married life leads to masturbation or vice versa is a problem for future determination. Perhaps it works both ways!

In the questionnaires of the 62 women who practiced masturbation after marriage, we find descriptions of various situations which bear on the question, such as the following: the use of masturbation to obtain complete satisfaction when this did not come from normal intercourse; the use of masturbation in absences of husband or when he was ill or impotent; its use to relieve nervous tension; its use when satisfaction was greater than in normal intercourse; and its use when the practice began in early life and was continued because no satisfaction whatever was experienced in the marital relation.[1]

### The Relation of Masturbation to Reaction to Marital Relations

In Section D of the questionnaire—*The Experiences of Marriage*—the following questions are asked:

9. Have you found your married relations pleasurable, neutral, or distasteful?
   (a) In earliest period?
   (b) Middle period?
   (c) Later period?
   If distasteful, why?

Table XIII (pages 47–48) presents the answers given with special reference to initial and latest experiences.

It will be noted that in this table, the first grouping is according to initial reaction.

Group A IV contains those cases whose answers read, for example, "All three in all periods", and there is accordingly no way of telling which experience was first.

In the total group of 476 women (47.6 per cent of the entire 1,000) who found the experience pleasurable during the entire married life, it will be noted that the 175 women who had

[1] Brief résumés of typical histories will be given in the reprints of this article.

TABLE XIII.—THE REACTION OF MARRIED WOMEN TO SEXUAL RELATIONS IN MARRIED LIFE CORRELATED WITH THE PRACTICE OF MASTURBATION

| *Reaction* | *Total group* No. | Per cent | *Masturbated* No. | Per cent | *Never masturbated* No. | Per cent | *Unanswered as to masturbation* No. | Per cent | *Masturbated after marriage* * No. | Per cent |
|---|---|---|---|---|---|---|---|---|---|---|
| A. Grouped according to reaction to initial experience | | | | | | | | | | |
| I Pleasurable entire married life | 476 | 47.8 | 175 | 45.9 | 269 | 47.4 | 32 | 68.1 | 22 | 35.5 |
| Pleasurable changing to neutral | 58 | | 25 | | 31 | | 2 | | 6 | |
| Pleasurable; neutral; pleasurable | 10 | | 5 | | 5 | | .. | | .. | |
| Pleasurable; neutral; distasteful | 22 | | 10 | | 12 | | .. | | 2 | |
| Pleasurable changing to distasteful | 30 | | 8 | | 22 | | .. | | .. | |
| Pleasurable changing to occasionally distasteful. | 9 | | 9 | | .. | | .. | | 2 | |
| Pleasurable; distasteful; neutral | 5 | | 3 | | 2 | | .. | | .. | |
| Total pleasurable at first | 610 | 61.3 | 235 | 61.7 | 341 | 60.1 | 34 | 72.3 | 32 | 51.6 |
| II Neutral entire married life | 60 | 6.0 | 13 | 3.4 | 46 | 8.1 | 1 | 2.1 | 3 | 4.8 |
| Neutral changing to pleasurable | 81 | | 29 | | 48 | | 4 | | 4 | |
| Neutral changing to distasteful | 8 | | 2 | | 6 | | .. | | 1 | |
| Neutral; pleasurable; neutral | 1 | | 1 | | .. | | .. | | 1 | |
| Neutral; pleasurable; distasteful | 6 | | 5 | | 1 | | .. | | 1 | |
| Total neutral at first | 156 | 15.7 | 50 | 13.1 | 101 | 17.8 | 5 | 10.6 | 10 | 16.1 |
| III Distasteful entire married life | 35 | 3.5 | 14 | 3.7 | 20 | 3.5 | 1 | 2.1 | 3 | 4.8 |
| Distasteful, changing to pleasurable | 25 | | 10 | | 14 | | 1 | | 2 | |
| Distasteful, changing to neutral | 31 | | 14 | | 16 | | 1 | | 3 | |
| Distasteful; pleasurable; neutral | 5 | | 2 | | 3 | | — | | 1 | |
| Distasteful; pleasurable; distasteful | 3 | | 1 | | 1 | | 1 | | — | |
| Distasteful; neutral; pleasurable | 25 | | 10 | | 15 | | — | | 2 | |
| Total distasteful at first | 124 | 12.5 | 51 | 13.4 | 69 | 12.2 | 4 | 8.5 | 11 | 17.7 |

* Cases in this group are included in the group practicing masturbation.

TABLE XIII [CONTINUED].—THE REACTION OF MARRIED WOMEN TO SEXUAL RELATIONS IN MARRIED LIFE CORRELATED WITH THE PRACTICE OF MASTURBATION

| *Reaction* | *Total group* | | *Masturbated* | | *Never masturbated* | | *Unanswered as to masturbation* | | *Masturbated after marriage* * | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Per cent | No. | Per cent | No. | Per cent | No. | Per cent | No. | Per cent |
| IV Pleasurable or neutral in all periods | 45 | 4.5 | 23 | 6.0 | 22 | 3.9 | .. | | 6 | 9.7 |
| Neutral or distasteful in all periods | 11 | | 1 | | 10 | | .. | | 1 | |
| All three in all periods | 47 | 4.7 | 20 | 5.2 | 23 | 4.1 | 4 | 8.5 | 1 | 1.6 |
| Total impossible to place as to initial experience | 103 | 10.4 | 44 | 11.5 | 55 | 9.7 | 4 | 8.5 | 8 | 12.9 |
| V No sex relations during entire married life | 2 | | 1 | | 1 | | .. | | 1 | |
| Total replying | 995 | | 381 | | 567 | | 47 | | 62 | |
| Unanswered as to reaction to sex relations | 5 | | .. | | 3 | | 2 | | .. | |
| Grand total | 1,000 | 100.0 | 381 | 100.0 | 570 | 100.0 | 49 | 100.0 | 62 | 100.0 |
| B. Grouped according to reaction at time of replying to questionnaire or at the cessation of marital relations | | | | | | | | | | |
| I Sex relations pleasurable | 617 | 62.0 | 229 | 60.1 | 351 | 61.9 | 37 | 78.7 | 30 | 48.4 |
| II Sex relations neutral | 160 | 16.1 | 58 | 15.2 | 98 | 17.3 | 4 | 8.5 | 14 | 22.6 |
| III Sex relations distasteful | 113 | 11.4 | 49 | 12.9 | 62 | 10.9 | 2 | 4.3 | 9 | 14.5 |
| IV Impossible to place as to end experience | 103 | 10.4 | 44 | 11.5 | 55 | 9.7 | 4 | 8.5 | 8 | 12.9 |
| V No sex relations during entire married life | 2 | 0.2 | 1 | 0.3 | 1 | 0.2 | — | — | 1 | 1.6 |
| Total replying | 995 | 100.0 | 381 | 100.0 | 567 | 100.0 | 47 | 100.0 | 62 | 100.0 |

* Cases in this group are included in the group practicing masturbation.

practiced masturbation formed 45.9 per cent of the total group of 381 women who masturbated. Compared with the 269 cases, or 47.4 per cent, of the group of 567 women who had never masturbated, the difference is not mathematically significant.

The same comparison holds between the two groups as to all the initial experiences, whether pleasurable, neutral, or distasteful. There is at this point apparently no relation between masturbation and reaction to sex experiences in married life.

There is, however, one exception which may or may not be significant. We have placed in the table in a separate column the cases in which we were able to say that masturbation was continued after marriage. The number is really too small for mathematical treatment. But it will be noted that 12.3 per cent more of the entire group found the experience pleasurable than did this group. This difference is almost exactly the limit that makes it possible in this case to say that the difference is certainly significant. Taken in connection with comparisons made under Table XII, it would give another reason for desiring a further study of similar cases.

Comparing the two groups of those who masturbated and those who did not as to reaction at time of answering the questionnaire, there are again no significant differences. But if we compare our group of 62 with the total group, we find even a greater percentage of difference between them as to the pleasurableness of sex relations.

It will be noted that if initial experiences are compared with experiences at time of answering, there is little variation in the different groups. That is, about the same *number* of individuals find the sex act pleasurable in the end as in the beginning, but it can also be seen that there was a considerable number who changed. Table XIV presents the results grouped as to *change* of reaction.

TABLE XIV.—THE PROPORTION OF EACH GROUP SHOWN IN TABLE XIII WHO REMAINED STABLE AND WHO CHANGED AS TO REACTION TO SEXUAL RELATIONS IN MARRIED LIFE

| | *Total* | *Masturbated* | *Never masturbated* | *Unanswered as to masturbation* | *After marriage** |
|---|---|---|---|---|---|
| Pleasurable entire married life.... | 476 | 175 | 269 | 32 | 22 |
| Neutral entire married life..... | 60 | 13 | 46 | 1 | 3 |
| Distasteful entire married life.... | 35 | 14 | 20 | 1 | 3 |
| Impossible to place at initial experience, but unchanged entire married life ..... | 103 | 44 | 55 | 4 | 8 |
| Total unchanged ..... | 674 | 246 | 390 | 38 | 36 |
| Total changed ..... | 319 | 134 | 176 | 9 | 25 |
| Total ..... | 993 | 380 | 566 | 47 | 61 |
| Percentage unchanged ..... | 67.9 | 64.7 | 68.9 | 80.9 | 59.0 |
| Percentage changed ..... | 32.1 | 35.3 | 31.1 | 19.1 | 41.0 |
| Total .....100.0 | | 100.0 | 100.0 | 100.0 | 100.0 |

* Cases in this group are included in the group practicing masturbation.

It will be noted that approximately about a third in each of the two principal groups changed in their reaction. The percentage of change is larger in the group that practiced masturbation after marriage, but not sufficiently larger to be significant. In the group of 49 who did not answer the questions as to masturbation, two failed to answer as to reaction to sex relations. The proportion of those who found sex relations pleasurable is larger than in any other group. The 49 papers in this group have in general so many blanks among the answers that it is impossible to use them satisfactorily for comparative purposes.

It will be recalled that in question D 9, we asked the writers to state why they found their marriage relations distasteful, if that were the case.

From the 262 individuals who at any time found their married relations distasteful, we received 279 reasons. Several gave more than one reason. Some who say it was at times distasteful give none. The reasons are tabulated in Table XV.

TABLE XV.—REASONS GIVEN AS TO WHY MARITAL RELATIONS WERE DISTASTEFUL

| | | |
|---|---|---|
| Had no desire | 36 | |
| When lacking climax | 20 | |
| Too exhausting | 17 | |
| Ill health—lack of physical strength | 23 | |
| Because painful | 29 | |
| Too frequent | 29 | |
| During pregnancy | 3 | |
| During menopause | 1 | |
| At certain times of month | 3 | |
| After birth of child | 1 | |
| Insufficient adaptation | 3 | |
| Not mated—lack of sex harmony | 2 | 167 |
| Psychic inhibition—whole life built on thought that it was wrong | 10 | |
| Fear of pregnancy | 15 | |
| Grown entirely away from it | 2 | |
| Mind occupied with other things | 1 | |
| Believe it should be for procreation only | 4 | |
| Seemed waste of time | 1 | |
| In love with another man | 1 | |
| Minds not in harmony | 5 | |
| When hope of pregnancy was gone | 1 | 40 |
| Lost love for husband | 7 | |
| At times tired of husband | 1 | |
| Husband licentious and untrue | 3 | |
| Husband never satisfied | 1 | |
| Husband alcoholic | 2 | |
| Husband too old | 2 | |
| Husband impotent | 5 | |
| Husband vulgar and violent | 2 | |
| Husband ignorant | 1 | |
| Husband indulged in abnormal sex practices | 1 | |
| Husband inconsiderate | 1 | |
| Husband careless in personal habits | 1 | |
| Husband's personality changed by illness | 1 | |
| Husband's technique poor | 3 | 31 |
| Physical repulsion—vulgar, disgusting, nasty, revolting, horrid, brutish | 31 | |
| Always hated it | 1 | |
| Have a feeling of degradation | 1 | |
| On too low and coarse a plane | 7 | |
| Could not look at face in glass afterward | 1 | 41 |
| | | 279 |

This table merely summarizes the reasons. The full answers are illuminating, but not relevant to this study. The noticeable thing is that at this point not one woman connects the practice of masturbation with the reaction of distaste, though, as we have seen, it is suggested in connection with other questions.

Other things being equal, it seems obvious that the longer the period of time that has elapsed since marriage, the greater the chance that elements may enter into the relationship that were not present at first. These factors may work either for a better adjustment between the partners or bring into the situation conditions that tend to disharmony.

In Table XVI we have tabulated the length of married life of the various groups we have been considering whose marital sex relations have always been pleasurable.

TABLE XVI.—CORRELATION BETWEEN THE PRACTICE OF MASTURBATION AND THE LENGTH OF MARRIED LIFE IN THE GROUP OF WOMEN WHO HAVE FOUND THEIR SEX RELATIONS PLEASURABLE DURING THEIR ENTIRE MARRIED LIFE

| *Length of married life* | *Total group* | *Masturbated* | *Never masturbated* | *Unanswered as to masturbation* | *Masturbated after marriage** |
|---|---|---|---|---|---|
| Unanswered . . | 1 | 1 | .. | .. | .. |
| 6 months ..... | 1 | 1 | .. | .. | .. |
| 1 year ..... | 10 | 7 | 3 | .. | 3 |
| 2 years ..... | 19 | 11 | 6 | 2 | 1 |
| 3 years ..... | 47 | 25 | 21 | 1 | 3 |
| 4 years ..... | 49 | 22 | 23 | 4 | 4 |
| 5 years ..... | 37 | 13 | 21 | 3 | 1 |
| 6 years ..... | 25 | 10 | 14 | 1 | 2 |
| 7 years ..... | 34 | 13 | 18 | 3 | 1 |
| 8 years ..... | 21 | 4 | 16 | 1 | 1 |
| 9 years ..... | 16 | 5 | 11 | .. | .. |
| 10 years ..... | 20 | 6 | 14 | .. | .. |
| 11 years ..... | 24 | 5 | 18 | 1 | .. |
| 12 years ..... | 16 | 6 | 9 | 1 | .. |
| 13 years ..... | 15 | 9 | 5 | 1 | 1 |
| 14 years ..... | 18 | 8 | 9 | 1 | 1 |
| 15 years ..... | 12 | 3 | 8 | 1 | 1 |
| 16 years ..... | 18 | 5 | 12 | 1 | 1 |
| 17 years ..... | 11 | 4 | 7 | .. | .. |
| 18 years ..... | 10 | 3 | 5 | 2 | 1 |
| 19 years ..... | 6 | 1 | 3 | 2 | .. |
| 20 years ..... | 6 | 2 | 3 | 1 | .. |
| 21 years ..... | 4 | 1 | 2 | 1 | 1 |
| 22 years ..... | 6 | 2 | 4 | .. | .. |
| 23 years ..... | 6 | 1 | 5 | .. | .. |
| 24 years ..... | 7 | 3 | 3 | 1 | .. |
| 25 years ..... | 3 | .. | 3 | .. | .. |
| 26 years ..... | 6 | .. | 6 | .. | .. |
| 27 years ..... | 7 | .. | 5 | 2 | .. |
| 28 years ..... | 3 | 2 | 1 | .. | .. |
| 29 years ..... | 2 | .. | 2 | .. | .. |

| *Length of married life* | *Total group* | *Masturbated* | *Never masturbated* | *Unanswered as to masturbation* | *Masturbated after marriage** |
|---|---|---|---|---|---|
| 30 years | 2 | .. | 2 | .. | .. |
| 31 years | 1 | .. | 1 | .. | .. |
| 32 years | 3 | 1 | 1 | 1 | .. |
| 33 years | 1 | .. | 1 | .. | .. |
| 34 years | .. | .. | .. | .. | .. |
| 35 years | .. | .. | .. | .. | .. |
| 36 years | 1 | .. | 1 | .. | .. |
| 38 years | 1 | .. | 1 | .. | .. |
| 39 years | 1 | .. | 1 | .. | .. |
| 40 years | 2 | .. | 2 | .. | .. |
| 45 years | 1 | 1 | .. | .. | .. |
| 46 years | 1 | .. | .. | 1 | .. |
| 49 years | 1 | .. | 1 | .. | .. |
| 51 years | 1 | .. | 1 | .. | .. |
| Total | 476 | 175 | 269 | 32 | 22 |
| Limits | 6 mos.-51 yrs. | 6 mos.-45 yrs. | 1-51 yrs. | 2-46 | 1-21 yrs. |
| Mode | 4 yrs. (49 cases) | 3 yrs. (25 cases) | 4 yrs. (23 cases) | 4 yrs. (4 cases) | 4 yrs. (4 cases) |
| Average | 10.8 yrs. | 8.6 yrs. | 11.9 yrs. | 13.3 yrs. | 7.2 yrs. |
| Married less than 10 yrs. | 259 (54.4 per cent) | 111 (63.4 per cent) | 133 (49.4 per cent) | 15 (46.9 per cent) | 16 (72.7 per cent) |
| Married 5 yrs. or less | 163 (34.2 per cent) | 79 (45.1 per cent) | 74 (27.5 per cent) | 10 (31.3 per cent) | 12 (54.5 per cent) |

* The cases in this group are included in the group practicing masturbation.

It will be observed that the members of the group that never masturbated have been married three years longer on the average than the members of the group that engaged in the practice. Examining this difference, we find that there is not one chance in infinity but that it is significant.[1]

Since in Table XVI the length of married life appeared to be a possible factor in the pleasurableness of sex relations throughout the entire period, a further study of the figures seemed desirable. The results are shown in Table XVII (pages 54–55).

[1] Comparing (1) those who masturbated (M=8.442±.52) with (2) those who never masturbated (M=11.862±.54) in respect to average length of time married:

| $\sigma_1^2$ | $\sigma_2^2$ | $\sqrt{\sigma_1^2+\sigma_2^2}$ | d | $\frac{d}{d}$ | Chances unfavorable to difference 1 in |
|---|---|---|---|---|---|
| .2768 | .2885 | .752 | 3.420 | 4+ | ∞ |

TABLE XVII. CORRELATION OF LENGTH OF MARRIED LIFE WITH PLEASURABLE REATCION TO SEX RELATIONS IN MARRIAGE IN THE TWO GROUPS WHO HAVE PRACTICED MASTURBATION AND WHO HAVE NOT

| | *Column I* | | *Column II* | | *Column III* | | *Column IV* | | *Column V* | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Masturbated* | | *Never masturbated* | | *Total in each 5-year period* | | *Total pleasurable in each 5-year period* | | *Percentage of pleasurable in each 5-year-period* | |
| *Length of married life* | Number in group | Relations always pleasurable | Number in group | Relations always pleasurable | Masturbated | Never masturbated | Masturbated | Never masturbated | Masturbated | Never masturbated |
| Unknown | 4 | 1 | 4 | 0 | 4 | 4 | 1 | 0 | | |
| 6 months | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | | |
| 1 year | 8 | 7 | 7 | 3 | | | | | | |
| 2 years | 22 | 11 | 16 | 6 | | | | | | |
| 3 years | 36 | 25 | 38 | 21 | | | | | | |
| 4 years | 37 | 22 | 42 | 23 | | | | | | |
| 5 years | 21 | 13 | 40 | 21 | 124 | 143 | 78 | 74 | 62.9 | 51.7 |
| 6 years | 18 | 10 | 31 | 14 | | | | | | |
| 7 years | 28 | 13 | 32 | 18 | | | | | | |
| 8 years | 16 | 4 | 37 | 16 | | | | | | |
| 9 years | 10 | 5 | 23 | 11 | | | | | | |
| 10 years | 17 | 6 | 24 | 14 | 89 | 147 | 38 | 73 | 42.7 | 49.7 |
| 11 years | 16 | 5 | 27 | 18 | | | | | | |
| 12 years | 16 | 6 | 21 | 9 | | | | | | |
| 13 years | 16 | 9 | 17 | 5 | | | | | | |
| 14 years | 13 | 8 | 19 | 9 | | | | | | |
| 15 years | 13 | 3 | 19 | 8 | 74 | 103 | 31 | 49 | 41.9 | 47.6 |
| 16 years | 12 | 5 | 22 | 12 | | | | | | |
| 17 years | 15 | 4 | 15 | 7 | | | | | | |
| 18 years | 6 | 3 | 12 | 5 | | | | | | |
| 19 years | 4 | 1 | 15 | 3 | | | | | | |
| 20 years | 4 | 2 | 9 | 3 | 41 | 73 | 15 | 30 | 36.6 | 41.1 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 21 years ..... | 4 | 1 | 7 | 2 | | | | | | |
| 22 years ..... | 4 | 2 | 9 | 4 | | | | | | |
| 23 years ..... | 3 | 1 | 7 | 5 | | | | | | |
| 24 years ..... | 7 | 3 | 5 | 3 | | | | | | |
| 25 years ..... | 4 | 0 | 10 | 3 | 22 | 38 | 7 | 17 | 31.8 | 44.7 |
| 26 years ..... | 1 | 0 | 8 | 6 | | | | | | |
| 27 years ..... | 4 | 0 | 12 | 5 | | | | | | |
| 28 years ..... | 6 | 2 | 7 | 1 | | | | | | |
| 29 years ..... | 1 | 0 | 4 | 2 | | | | | | |
| 30 years ..... | 1 | 0 | 6 | 2 | 13 | 37 | 2 | 16 | 15.4 | 43.2 |
| 31 years ..... | 2 | 0 | 2 | 1 | | | | | | |
| 32 years ..... | 2 | 1 | 3 | 1 | | | | | | |
| 33 years ..... | 3 | 0 | 1 | 1 | | | | | | |
| 34 years ..... | 0 | 0 | 1 | 0 | | | | | | |
| 35 years ..... | 1 | 0 | 2 | 0 | 8 | 9 | 1 | 3 | 12.5 | 33.3 |
| 36 years ..... | 2 | 0 | 1 | 1 | | | | | | |
| 37 years ..... | 2 | 0 | 2 | 0 | | | | | | |
| 38 years ..... | 0 | 0 | 4 | 1 | | | | | | |
| 39 years ..... | 0 | 0 | 1 | 1 | | | | | | |
| 40 years ..... | 0 | 0 | 2 | 2 | 4 | 10 | 0 | 5 | 0.0 | 50.0 |
| 41 years ..... | 0 | 0 | 1 | 0 | | | | | | |
| 42 years ..... | 0 | 0 | 0 | 0 | | | | | | |
| 43 years ..... | 0 | 0 | 0 | 0 | | | | | | |
| 44 years ..... | 0 | 0 | 1 | 0 | | | | | | |
| 45 years ..... | 1 | 1 | 1 | 0 | 1 | 3 | 1 | 0 | 100.0 | 0.0 |
| 46 years ..... | 0 | 0 | 1 | 0 | | | | | | |
| 47 years ..... | 0 | 0 | 0 | 0 | | | | | | |
| 48 years ..... | 0 | 0 | 0 | 0 | | | | | | |
| 49 years ..... | 0 | 0 | 1 | 1 | | | | | | |
| 50 years ..... | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0.0 | 50.0 |
| 51 years ..... | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0.0 | 100.0 |
| Total . . . ..... | 381 | 175 | 570 | 269 | 381 | 570 | 175 | 269 | 45.9 | 47.2 |

This table shows first, in columns I and II, the distribution of the two groups of those who had masturbated and those who had not as to the length of married life and the number at each point who had found their marital relations pleasurable up to date. An inspection of the two sets of columns shows that for the early years the higher percentage of pleasurable relations was on the side of those who had masturbated, while later on this changes to the side of those who had never masturbated.

Since the numbers at any given period are too small for mathematical treatment, we arbitrarily divided the columns into five-year periods, the first including the cases where the length of married life had lasted from one to five years inclusive, and so on.

The next two columns, III and IV, show the totals for each group. Column V shows the percentages of each group whose reaction to marital relations has always been pleasurable. It will be observed that in the period of from one to five years there is a difference of 11.2 per cent in favor of the group that has practiced masturbation. This is just short of being a large enough difference to be certainly significant. It is at least suggestive. The interesting thing is to note the differences down the columns in the two groups. It must be borne in mind, however, that in the later periods the groups grow very small.

The differences of distribution, however, are matters of considerable interest. These differences are shown in another way in Table XVIII:

TABLE XVIII. DISTRIBUTION BY PERCENTAGES OF THE TOTAL NUMBER OF CASES WHERE SEX RELATIONS HAVE BEEN PLEASURABLE DURING THE ENTIRE MARRIED LIFE IN THE FIVE-YEAR PERIODS CONSIDERED IN THE PRECEDING TABLE. DIVIDED INTO THE GROUPS WHO HAVE MASTURBATED AND WHO HAVE NOT

| *Periods of lengths of married life* | *Column I* *Total pleasurable in each group* Masturbated | Never masturbated | *Column II* *Percentage of total pleasurable in each group* | |
|---|---|---|---|---|
| Unknown | 1 | 0 | 0.6 | 0.0 |
| 6 months | 1 | 0 | 0.6 | 0.0 |
| 1 to 5 years | 78 | 74 | 44.6 | 27.5 |
| 6 to 10 years | 38 | 73 | 21.7 | 27.1 |
| 11 to 15 years | 31 | 49 | 17.7 | 18.2 |
| 16 to 20 years | 15 | 30 | 8.6 | 11.1 |
| 21 to 25 years | 7 | 17 | 4.0 | 6.3 |
| 26 to 30 years | 2 | 16 | 1.1 | 5.9 |
| 31 to 35 years | 1 | 3 | 0.6 | 1.1 |
| 36 to 40 years | 0 | 5 | 0.0 | 1.9 |
| 41 to 45 years | 1 | 0 | 0.6 | 0.0 |
| 46 to 50 years | 0 | 1 | 0.0 | 0.4 |
| 51 years | 0 | 1 | 0.0 | 0.4 |
| Totals | 175 | 269 | 100.0 | 100.0 |

Column I repeats the total number whose reactions to marital relations were always pleasurable for the two groups under consideration. Column II gives the percentage distribution of the totals for the respective periods. For example, 44.6 per cent of the total 175 of those who found sex relations always pleasurable are in the group whose marriages had lasted from one to five years, and so forth. Comparing, we find that the difference between 44.6 and 27.5 is large enough to be absolutely significant.

From these two tables it would appear that pleasurable reaction to the marital relations was significantly higher during the first five years of married life in the group that masturbated, but that the pleasurable reaction persisted longest in the group that never masturbated.

The question of reaction to marital relations is undoubtedly one of the utmost importance not only with reference to masturbation, but to the larger problem of happy and successful married life. Many other factors than those discussed in this paper are involved and must be studied and reported upon by investigators in many fields.

It is quite probable that masturbation may be a symptom of a type of personality rather than in itself a causative factor.

### Masturbation and Other Erotic Practices

Table XIX, which shows combinations of auto-erotic and hetero-erotic practices, requires no comment.

TABLE XIX. SHOWING COMBINATIONS OF AUTO-EROTIC AND HETERO-EROTIC PRACTICES

| | |
|---|---|
| Masturbation only | 267 |
| Sex intercourse only (before marriage) | 20 |
| Homosexual experiences only (with physical expression) | 83 |
| Both masturbation and homosexual experience | 65 |
| Both masturbation and sex intercourse | 36 |
| Both sex intercourse and homosexual experience | 2 |
| Masturbation, sex intercourse, and homosexual experience | 13 |
| All these experiences denied | 506 |
| Questions relating to all these experiences unanswered | 8 |
| Total | 1,000 |

*Summary*

| | |
|---|---|
| Total who practiced masturbation | 381 |
| Total who had sex intercourse before marriage | 71 |
| Total who had homosexual relations with physical expression * | 163 |

* Of these only 92 say that the experience was associated with sex at the time.

In Table XX we have correlated the practice of masturbation with the other practices mentioned in the preceding table.

TABLE XX. CORRELATION OF MASTURBATION WITH OTHER EROTIC PRACTICES

| *Practice* | *Total number* | *Masturbated* Number | Per cent | *Never masturbated* Number | Per cent | *Unanswered as to masturbation* Number | Per cent |
|---|---|---|---|---|---|---|---|
| Sex intercourse before marriage | 71 | 36 | 50.7 | 32 | 45.1 | 3 | 4.2 |
| Homosexual experiences | 163 | 65 | 39.9 | 97 | 59.5 | 1 | 0.6 |
| Both | 15* | 13 | 86.7 | 1 | 6.7 | 1 | 6.7 |

| *Percentage of total groups* | *Total* | *Sex intercourse* Number | Per cent | *Homosexual experiences* Number | Per cent |
|---|---|---|---|---|---|
| Masturbated | 381 | 36 | 9.4 | 65 | 17.1 |
| Never masturbated | 570 | 32 | 5.6 | 97 | 17.0 |
| Unanswered as to masturbation | 49 | 3 | 6.1 | 1 | 2.0 |
| Total | 1,000 | 71 | | 163 | |

* This number is included in the two items above.

The numbers presented here are too small for mathematical consideration, but may be suggestive.

## Conclusion

In conclusion, we can only repeat what was said in presenting the first part of this study. Both groups represent a special type of woman, the first part having been based on data obtained from college graduates only, while this part was concerned to the extent of 68 per cent with college graduates. Whether a study of an equal number of women from, say, the industrial group would give similar results, such a study alone could tell. We hope it will be possible to undertake it in the future. Because of their limitations it is not safe to base any general theories on our results and we had no theses to prove in the beginning.

From personal interviews and letters received, we fear we are disappointing some at least of the hundreds of women who made the study possible by contributing their personal histories. But we dare not base either an educational program or ethical conclusions on what we have learned so far. And yet we believe that the contributions have not been made in vain. The present study presents only a very small proportion of the total mass of data on sex life furnished us by the questionnaires, which will be worked up as rapidly as time permits.

At least the discussion of the particular matters of this article will assure those of our friends whose personal problems lie in this quarter that they are not alone in their perplexities and that careful work is being done looking toward possible solutions.

Inasmuch as this study will go to all those who helped to make it possible, we wish here to extend to them our thanks and appreciation for their coöperation.

# ONE HUNDRED AND FIFTY POLICEMEN

## Some Observations upon 150 Probationary Policemen of the Detroit Police Department *

JESSIE M. OSTRANDER

*Psychologist, Psychopathic Clinic, Recorder's Court, Detroit*

HOWEVER the functions of a police department may have been or are now officially defined, the references to them in the public press and on the street are emphasizing more and more the idea of public safety. This idea has been brought into greater prominence by the increase in motor vehicles, with its accompanying increase in traffic regulations, which bring police officers into frequent and direct contact with the so-called non-criminal classes. Space is given, in the press, to explanations of these regulations, and officers of the police department lecture on them over the radio or go to the schools to talk to the children on how to navigate the streets and where to play. The trend is in the direction of preventing accidents by education. The ordinary citizen has come to accept this idea so far as traffic is concerned, but when the same citizen thinks of a criminal and a policeman, he thinks of the policeman as "getting" or "not getting" the criminal.

On the other hand, the aim of modern social work—an aim that is influencing more and more our conception of the functions of government agencies—is to teach people how to live in order that poverty, disease, and crime may be prevented. Individuals who have accepted that point of view—whether they be socially minded patrolmen with native ability in the handling of people or technically trained social workers with long experience in courts and with maladjusted human beings—interpret the functions of a police department so as to include crime prevention.

The question of the selection of personnel for police departments has received considerable attention in the past few years. In several instances, intelligence tests have been given. These tests have added to our general knowledge of

* The author wishes to take this opportunity to express her sincere appreciation of the coöperation of Commissioner of Police Frank Croul and his officers in this effort.

applicants and have been useful in weeding out the definitely feebleminded, but the value of any kind of specific entrance examination can be adequately estimated only when we are able to check the rating of each applicant in his examination with a rating of his success on the force; and his success on the force can be estimated only when we know what is expected of him. Is he to supervise the people on his beat, to anticipate crime, to catch crooks, to swing a semaphore, to analyze and file finger prints, to operate a radio or a telephone switchboard, or do a little of each? At the present time both the analysis of the job and the analysis of the applicant are too indefinite to permit mathematical correlations of objective measures of ability and success. However, a personality study of individual applicants may throw considerable light on the interpretation of their subsequent behavior.

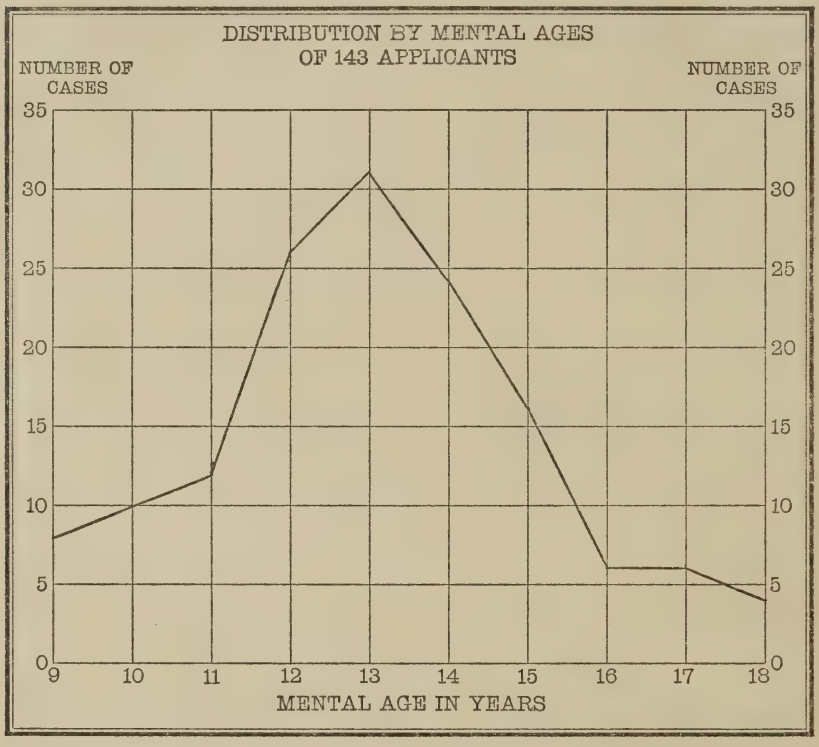
From January, 1923, to May, 1924, applicants for the Detroit police force were referred to the Psychopathic Clinic of the Recorder's Court for examination.[1] The applicants were examined in the same way as any other persons except for the omission of a physical examination, which they had received from a police surgeon. They were given a neurological examination, the abbreviated form of the Stanford revision of the Binet-Simon tests, some supplementary tests, and an interview, in which a family and personal history was taken. This information was discussed in a conference of examiners, and a report was sent to the police department consisting of a statement of the characteristics of the applicant that had come to light during the examination and perhaps an opinion as to the fitness of the applicant for police work.

The present paper deals with the first 150 applicants, or those who reported for examination between January 5, 1923, and October 22, 1923. It attempts only to give a summary of some of the outstanding characteristics observed in this group and to present some clinical pictues of individual cases. The men in question were, at the time of the examination, for the most part in attendance at the police school, prior to

[1] Previous to this a study of policemen in Detroit and Cleveland had been made by Professor L. L. Thurstone. See his "The Intelligence of Policemen", *Journal of Personnel Research*, Vol. 1, pp. 64-74, June, 1922.

their confirmation as police officers, and at the time of this writing, an adequate evaluation of their success as policemen is difficult because of their relatively short service on the force.

The applicants ranged in age from twenty-one to thirty-six years. Sixty, or 40 per cent, were from twenty-one to




twenty-four years of age; 56, or 37.3 per cent, from twenty-five to twenty-nine; 30, or 20 per cent, from thirty to thirty-four; and 4, or 2.7 per cent, from thirty-five to thirty-six.

There were about as many single men as married men represented among these applicants, 70 being single and 73 married. Seven were either separated, widowed, or divorced.

The applicants included natives of other countries as well as of other states in the United States. The number born in Michigan equaled the number born in all of the other states —*i.e.*, 67, or 44.7 per cent, were natives of Michigan; another 67 were natives of other states of the United States; and 16, or 10.7 per cent, were natives of other countries. Of

the 16 born in other countries, 6 were from Great Britain. Those applicants born in the United States whose parents were also born in the United States numbered 84, or 56 per cent. Those who were native born, but whose parents were foreign born, numbered 50, or 33.3 per cent. Those who were foreign born of foreign-born parents numbered 16, or 10.7 per cent.

One hundred and forty-three of the 150 applicants were given an abbreviated form of the Stanford revision.[1] Five of the remaining 7 cases were diagnosed from their histories, and 2 were given other tests because there was a suspicion of coaching.

The distribution of test scores expressed in mental ages is shown in the diagram on page 62. The mental ages in this group and in the tables in each case include the period from the year stated to the following year—*i.e.*, 9 stands for the period from 9 to 10, 10 for the period from 10 to 11, and so forth.

The comparison of mental ages and chronological ages is given in Table 1. There seems to be a slight tendency here for the younger men to do better on the tests than the older ones.

TABLE 1.—MENTAL AGES OF 143 APPLICANTS BY CHRONOLOGICAL AGES.

| | | *Mental age in years* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Chronological age* | Total | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 21 years ..... | 1 | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. |
| 22 years ..... | 14 | .. | 1 | .. | 2 | 2 | 4 | 2 | 1 | 1 | 1 |
| 23 years ..... | 23 | 1 | 3 | 2 | 3 | 6 | 2 | 3 | 1 | 2 | .. |
| 24 years ..... | 19 | .. | 1 | 2 | 4 | 4 | 5 | .. | 1 | 1 | 1 |
| 25 years ..... | 17 | 3 | 3 | 3 | 3 | 2 | 3 | .. | .. | .. | .. |
| 26 years ..... | 15 | 1 | .. | 1 | 3 | 2 | 2 | 3 | 2 | .. | 1 |
| 27 years ..... | 7 | 1 | .. | 1 | .. | 4 | 1 | .. | .. | .. | .. |
| 28 years ..... | 3 | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | 1 |
| 29 years ..... | 10 | .. | 1 | .. | 1 | 2 | 3 | 1 | 1 | 1 | .. |
| 30 years ..... | 11 | 1 | .. | .. | 3 | 3 | 2 | 2 | .. | .. | .. |
| 31 years ..... | 7 | .. | 1 | 1 | 3 | 1 | .. | 1 | .. | .. | .. |
| 32 years ..... | 5 | .. | .. | 2 | 1 | 1 | 1 | .. | .. | .. | .. |
| 33 years ..... | 5 | 1 | .. | .. | 1 | .. | .. | 2 | .. | 1 | .. |
| 34 years ..... | 2 | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. |
| 35 years ..... | 1 | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. |
| 36 years ..... | 3 | .. | .. | .. | .. | 2 | 1 | .. | .. | .. | .. |
| Total..... | 143 | 8 | 10 | 12 | 26 | 31 | 24 | 16 | 6 | 6 | 4 |

[1] Usually the starred tests of the Stanford revision were used, but occasionally some of the tests not starred were substituted.

Each applicant was asked, at the beginning of the examination, why he wanted to join the police force. The reasons given by nearly all of the applicants were essentially the same, regardless of their intelligence rating, although some expressed them better than others. The features that seemed to be attractive to them were steady outside work, lack of monotony, chance for advancement, and the pension. A few, with long military experience, wanted to get into uniform again.

The education of the applicants showed some agreement with their intelligence rating, as would be expected. The statements of the applicants about their education were accepted without verification.

Of the 143 applicants who were given Stanford tests, 12, or 8.4 per cent, had received their education in schools other than regular grade schools; 38, or 26.6 per cent, had received less than an eighth-grade education; 57, or 39.9 per cent, had completed only the eighth grade; 32, or 22.4 per cent, had received at least some high-school training; and 4, or 2.8 per cent, had done more than high-school work.

The comparison of mental ages and school grades is shown in Table 2:

TABLE 2.—MENTAL AGES OF 143 APPLICANTS BY SCHOOL GRADES.

| | | *Mental age in years* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *School grade* | Total | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Third | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. |
| Fourth | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. |
| Fifth | 5 | 1 | 1 | 2 | .. | 1 | .. | .. | .. | .. | .. |
| Sixth | 15 | 5 | 1 | .. | 4 | 3 | 2 | .. | .. | .. | .. |
| Seventh | 16 | 1 | 2 | 1 | 5 | 2 | 3 | 2 | .. | .. | .. |
| Eighth | 57 | .. | 4 | 6 | 11 | 17 | 9 | 6 | 1 | 2 | 1 |
| Ninth | 9 | .. | .. | .. | 1 | 1 | 2 | 2 | 1 | 2 | .. |
| Tenth | 14 | .. | .. | .. | 1 | 5 | 1 | 2 | 3 | .. | 2 |
| Eleventh | 3 | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | 1 |
| Twelfth | 6 | .. | .. | .. | 1 | .. | 3 | 1 | .. | 1 | .. |
| Beyond the twelfth.. | 4 | .. | .. | .. | 1 | .. | 1 | .. | 1 | 1 | .. |
| Other school systems. | 12 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | .. | .. | .. |
| Total | 143 | 8 | 10 | 12 | 26 | 31 | 24 | 16 | 6 | 6 | 4 |

It is of interest to note the degree of success of these men in other positions as to a certain extent indicative of their chances of success as police officers. Of the 150 applicants, 61, or 40.7 per cent, came from farms, where they had worked

for some time before seeking positions in a city. The city positions that had been most frequently held were positions in factory work, street-car conductor, street-car motorman, fireman, driver on milk route, electrician, and railroad and boat engineer. A few had been salesmen or had done clerical work. One had been a teacher and one a professional ball player. There was a rough agreement between type of employment and intelligence score. Clerical and skilled mechanical workers were found more frequently among those with mental ages of 13 years or above.

Sixteen had attempted business ventures of various kinds for themselves, usually with doubtful success. One had owned and operated a boat- and automobile-repair business which he considered successful up to the time it burned down. One had owned and conducted, with a partner, a boarding house, which he considered successful. One had been on the police force and had left to go into the express business. Being unsuccessful at this venture, he rejoined the police force. He recently left to try business again. For two and one-half years one had remained in a business the nature of which was not recorded. One had run a jitney. Two others had operated oil stations, one of whom admitted that he had lost money in the project. One had owned a radiator-repair business that had paid him about $25 a week. One had owned and operated a tire-repair business for a time, but had found the work too hard. One had entered the trucking business, but had been unable to earn enough to make the payments on his truck. One had invested and lost money in a tailoring business. One had run a poolroom. Two had operated farms. One had taken a half interest in a ranch, but the partnership had been unsatisfactory and he had abandoned the project.

It would seem, then, that the applicants are recruited more frequently from the group of mechanical workers than from owners of successful businesses.

The training of these officers in the police school consists of a school period of eight hours a day for four weeks, during which time approximately one hour and forty-five minutes are devoted to gymnasium work and six hours and fifteen minutes to classroom instruction in laws, ordinances, rules,

and regulations. Heads of different divisions of the police department and of the city government give lectures, in addition to those by the regular instructors. There is a written examination once a week. Following this instruction in school, there is a period of probation, during which regular assignments of police duty are made. The whole probation period usually lasts six months.

At the close of this period, the supervising officers give each probationer a score on each of ten characteristics. The scores are made on a scale of ten and are then added to make a final rating on a scale of one hundred. The supervisor also answers three questions about the probationer by "yes" or "no". A sample of this rating sheet follows:

DETROIT POLICE DEPARTMENT

Service Rating covering period from October 1, 1923, to April 1, 1924.

John Doe Patrolman Badge No. 0000 Reserve Division

| Name | Rank | Badge No. | Kind of Duty | Precinct |
|---|---|---|---|---|

(Mark on scale of 10: excellent—10; good—8; fairly good—6; poor—4; very poor—2.)

| | | | |
|---|---|---|---|
| I. Appearance: | 1. Physical condition.....(10).... | 10 |
| | 2. Neatness and bearing.....(10).... | 6 |
| II. Intelligence: | 3. Intelligence.....(10).... | 6 |
| III. Discipline: | 4. Discipline.....(10).... | 8 |
| | 5. Attitude toward his duty.....(10).... | 8 |
| IV. Efficiency: | 6. General ability.....(10).... | 8 |
| | 7. Exercise of authority.....(10).... | 6 |
| | 8. Preservation of order.....(10).... | 6 |
| | 9. Handling arrests.....(10).... | 6 |
| | 10. Getting and presenting evidence in court..(10). | 6 |
| | (Maximum 100) | 70 |

Would you give this man an important independent assignment, where he would have to rely on his own judgment in unusual circumstances? (Answer "yes" or "no".)..... *Yes*

Have you given him any such assignment? (Answer "yes" or "no". If "yes", explain on back)..... *No.*

Has this man done any unusual work which you believe should be placed on his record, either good or bad? (Answer "yes" or "no". If "yes, bad" or "yes, good", explain on back.)..... *No.*

Signed by: Richard Roe

Rank: Lieut.

We have been able to secure these ratings on 108 of the applicants reported here. The officers who did the rating did not use the numbers under 5; therefore, there are no total

ratings under 50. Frequently the questions at the end of the sheet were not answered. It would hardly be expected that the men would be assigned independent work after so short a period on the force.

The comparison of these ratings with the Stanford mental ages is shown in Table 3:

TABLE 3.—MENTAL AGES OF 143 APPLICANTS COMPARED WITH OFFICERS' RATINGS

| | | *Mental ages in years* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Officer's rating* | Total | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 50-59 | 2 | 1 | 1 | .. | .. | .. | .. | .. | .. | .. | .. |
| 60-69 | 20 | 2 | 1 | 1 | 3 | 5 | 7 | .. | 1 | .. | .. |
| 70-79 | 33 | 3 | 1 | 4 | 5 | 9 | 5 | 4 | 2 | .. | .. |
| 80-89 | 45 | 1 | 2 | 4 | 8 | 7 | 9 | 8 | .. | 3 | 3 |
| 90-100 | 8 | .. | .. | 1 | 1 | 2 | .. | 2 | 2 | .. | .. |
| No report | 35 | 1 | 5 | 2 | 9 | 8 | 3 | 2 | 1 | 3 | 1 |
| Total | 143 | 8 | 10 | 12 | 26 | 31 | 24 | 16 | 6 | 6 | 4 |

A comparison of the recommendation of the superior officer as to an important independent assignment with the mental age is shown in Table 4.

TABLE 4—RECOMMENDATIONS OF OFFICERS COMPARED WITH MENTAL AGES OF 143 APPLICANTS

| | | *Mental age in years* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Recommendation for important independent assignment* | Total | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Yes | 50 | 3 | 2 | 3 | 7 | 12 | 11 | 9 | .. | 1 | 2 |
| No | 33 | 4 | 2 | 3 | 6 | 6 | 8 | 2 | .. | 1 | 1 |
| Not answered | 60 | 1 | 6 | 6 | 13 | 13 | 5 | 5 | 6 | 4 | 1 |
| Total | 143 | 8 | 10 | 12 | 26 | 31 | 24 | 16 | 6 | 6 | 4 |

One hundred and twenty, or 80 per cent, of the applicants were considered as not deviating from the average sufficiently to place them in any diagnostic group. Twenty-two, or 14.7 per cent, were considered inferior in intelligence. This classification was made on the basis of social factors as well as psychometric scores. Usually those who had a mental age of under 12 years were classed as inferior. Six, or 4 per cent, were considered psychopathic—that is, they presented deviation in emotional make-up and character traits of sufficient degree to set them apart from the average group. These were not recommended for positions on the force. One was left unclassified and recommended for further study.

One had some physical deviations for which treatment was recommended.

Twenty-four of these applicants are, at the time of this report, off the force. Four were dismissed—one for being drunk on duty; one for insubordination, which occurred in connection with the arrest of a drunken man; one for intoxication and a fight with a citizen; and one for intoxication and insubordination. One failed to report and has not been located. Five were either dismissed or resigned on the advice of the departmental doctor. Four resigned with charges pending, one for extortion, two for intoxication, and one for being caught in a "blind pig". Ten resigned for other reasons: one because he heard that false charges were preferred against him, although no record of any charges was found; one because he felt that he had been discriminated against in assignments; one because he did not feel competent to perform his duties; four to take better positions (one of these made a re-application later); and three to take care of sick relatives.

The histories of a few of the applicants have been abstracted as samples of the clinical pictures presented. The majority of the group presented histories that showed an industrial and social adjustment similar to the first case cited.

*Case No.* 2343.—This twenty-six-year-old man was born in Michigan of a family in which there were a number of skilled mechanics. His early home life was happy and his parents were strict in their supervision of the children. He was graduated from the eighth grade and upon leaving school thought that he would like to be a business man, but never fulfilled this ambition. He had worked as a sausage peddler, as a factory machine operator, as a street-car conductor and motorman, and as truck driver before applying for a position on the police force. He usually held a position from two to four years. He had always preferred outside work. He was married to a thrifty woman who helped him save money. He was a large man, in good health. He liked company, belonged to a social organization, and was somewhat interested in athletics. He attended church regularly. His mental age on the Stanford tests was 13 years, 6 months, with an I.Q. of 84. He was slow, but careful, in doing his work in the laboratory and was regarded as suitable for police work.

At the time of this report he is on the force and has been rated 86 by his superiors, who would be willing to trust him with an independent assignment.

In a general way, this history may be taken as an example of the average of the histories, while the following cases

represent various examples of deviations from the average revealed either by our examination or in the course of service in the police department.

*Case No.* 3475.—This twenty-six-year-old married man was descended from native-born parents. No serious diseases were recorded in his family history.

His schooling was somewhat irregular, owing to frequent changes of residence, and he finished the sixth grade at sixteen years of age. He was employed at clerical work until he joined the army, where he was promoted to the rank of sergeant. Upon leaving the army, he was engaged in factory work for a few months before taking up boxing as a profession. He also acted as "stake man" in gambling houses and took in the usual "profits". He continued these occupations for about three years until he applied for a position on the police force. He considered himself popular with other fellows and continued his interest in athletics, but said, at the time of the examination, that he was giving up his gambling habits. His mental age on the abbreviated Stanford scale was 14 years, 1 month; I Q. 88. The clinic considered him unsuitable on account of his inadequate sense of social responsibility, which would make it difficult for him to resist the temptations to which a policeman is likely to be subjected.

He is on the force at the time of this report and has been rated 87 by his supervisors, who considered him capable of handling a difficult assignment.

*Case No.* 3316.—This applicant was a single man, twenty-four years old. His mother was born in Australia and his father in the United States. His father was a millwright and many of his relatives were farmers. A maternal grandmother died of cancer. No other serious diseases were reported in his family history.

His early life was not unusual. He went to the eleventh grade in school and left because he wanted to go to work. He had been quite steadily employed in factories or with lumber companies, with the exception of six months during a slack season, when he had only "odd jobs". He was in the army and served overseas. He had some property on which he was making payments. There was nothing significant in his health history. He was temperate, liked sports, movies, and reading such magazines as the *Saturday Evening Post* and the *American*. He had been thinking about police work ever since he left the army. He was attracted to it because it was steady work with variety and excitement.

The abbreviated Stanford gave him a mental age of 14 years, 7 months; I.Q. 91. His verbal responses were well expressed, and he did careful, accurate work on the supplementary performance tests. The neurological examination was negative. The clinic's report called attention to his intelligence, absence of mental disease, and lack of social maladjustments. He was considered suitable material for the police force.

He resigned from the force, giving as his reason that he did not feel competent to perform his duties. The only suggestion of this attitude noted in the examination was a note made by one of the examiners that he was overly eager to please in the examination.

*Case No.* 3078.—This applicant was twenty-four years old and single. He was descended from native-born miners. No serious diseases were recorded in his family history.

His mother died when he was two years old and he was cared for by an aunt, even after his father married again, because his stepmother was not congenial. He had an eighth-grade education, then worked on farms for some time. Later, he worked as a fireman and engineer on various railroads, the longest period with one railroad being six years.

Besides children's diseases, he had had a rather severe attack of pneumonia, followed by influenza. His acquaintances were many, but he had no close friends. He enjoyed movies, baseball games, and occasional dances. He had been arrested once, when he put a drunken Negro off a street car. He was attracted to police work because there was a "good chance for advancement" and it was a "nice, clean job".

His mental age on the abbreviated Stanford was 10 years, 1 month; I.Q. 63. He was slow and dull in doing the supplementary tests, and he did poorly in tests that emphasize memory and attention. The clinic's report called attention to his mental inferiority, dull comprehension, and inaccurate observation, and recommended that he do some other kind of work.

He resigned from the police force, his reason being that he wanted to take a better position. Later, he asked to return, but his application was denied.

*Case No.* 3434.—This thirty-six-year-old applicant was a single man of Irish and American parentage. His relatives had held such positions as miller, salesman, railroad engineer, and postmistress.

He was born on a farm and lived there until he finished the eighth grade. He was always slow to learn and just managed to get along. He had worked on various farms until five years prior to our examination when he had taken up a land claim, which he had worked for two years. He had then left it idle to come to Detroit for work in the factories. He had been able to put by some savings.

His health history was negative. He was moderate in his indulgences, was fond of dancing, but slow to get acquainted, and had only one or two close friends. He described himself as good-natured and easy-going, although he frequently had "the blues". He said he never flew "off the handle", and therefore thought that he would make a good officer. On psychometric tests his mental age was 13 years, 6 months; I.Q. 84. His work was intelligent, industrious, and painstaking, but his mind moved slowly and appeared to have no flexibility.

He is on the force at the time of this report and has been rated 62 by his superiors, who would not recommend him for a difficult assignment. His supervisor asked to have his probation period extended sixty days because he did not seem to take an interest in his work, was unobserving and sleepy.

*Case No.* 2841.—This applicant was twenty-two years old and single. His parents were Michigan farmers, and his brothers had been engaged in farm and factory work.

He attended school for three or four months a year until he finished the eighth grade at sixteen. He stuttered as a boy. He worked on his

father's farm for several years after leaving school till he rebelled at the amount of work expected of him. He then worked at a number of different factories for less than three months' time each. His health history was negative. He seldom worried or lost his temper. His indulgences were moderate. He played a little pool and euchre, read very little, never traveled, and was not interested in other parts of the country. He was quite talkative and his expressions were odd; for instance, he said, "I always did like the looks of a policeman, I did." His posture was poor. His mental age on the abbreviated Stanford was 10 years, 5 months; I.Q. 65. He did about the same grade of work on the supplementary performance tests. His vocabulary was very limited and he was not alert. The clinic's report called attention to his mental inferiority and lack of general information, and recommended that he seek some other kind of work.

He was taken on the force, but was caught in a "blind pig" and resigned with charges pending. We have no report of his rating by his superiors.

*Case No.* 3208.—This applicant was of Finnish and Norwegian descent, twenty-three years old and single. Most of his relatives were farmers or factory workers.

He went to a country school until he reached the seventh grade at seventeen years of age. He could never become interested in his studies, but he was a lively boy and quite a fighter. He had worked at general farm work and threshing until a year previous to his application for police work. He then came to Detroit and worked in the factories. His health history was negative. He drank moderately, liked dancing and the movies, and was very fond of driving, riding, and caring for horses. He had no interest in newspapers, not taking the time to read them. He was arrested once for drinking and fighting. Police work appealed to him because he liked to keep moving and because "it's a lifelong job if you take care of it right". He said: "I'll be honest and true all the while." On the abbreviated Stanford his mental age was 10 years, 5 months; I.Q. 65. He did better, however, in handling the concrete material of the performance tests. He had difficulty in describing the process of breaking horses, although he claimed to understand it. Considerable encouragement was necessary to elicit his answers to test questions. His handwriting was very small.

He missed one appointment for examination and in order not to miss the next one, he stayed up the rest of the night after a night assignment of work. Although he had a definite appointment at a definite office, he spent considerable time waiting in front of the wrong door before he found the office. His comprehension of situations and his verbal expression were poor. His comprehension of concrete mechanical problems and his manual dexterity were better. The clinic reported that he might be able to do routine work, but that he was not suitable for a position of responsibility.

He was taken on the force and rated 68 by his superiors. He was later dismissed for intoxication and insubordination.

The next case is cited as an example of an applicant who stood out from the average by reason of his rather superior qualifications.

*Case No.* 2444.—This man was twenty-four years old, a native of Michigan, single, and of German and Scotch descent. His relatives had been farmers and tradespeople.

His early home life was happy. He made good progress in school, stopping in the tenth grade at the age of sixteen years. Later, he took a year's work at a commercial college. Summer vacations were spent in helping relatives who lived on farms. Later, he did clerical work in a railroad office for three years, during which he advanced himself until he had charge of twelve clerks. He served as a yeoman in the navy, which afforded him an opportunity for considerable travel. After leaving the navy, he continued his travels as purser on boats to China and Japan. On his return he wrote advertisements. He had not been sick since the age of nine, and he said that he enjoyed hard physical work. His chief recreation was music. He had done considerable singing and belonged to some musical and athletic societies.

It had been his ambition to be either a construction engineer or a policeman. Some friends whom he admired very much were policemen. He did well in the intelligence tests, obtaining a mental age of 16 years, 7 months; I.Q. 103. His appearance was pleasing, his manner coöperative, his conversation to the point, and his diction good. He was much more interested in himself and his own success than most of the applicants. The clinic considered him suitable.

He is on the force at the time of this report and has been rated 92 by his officers, who would trust him with a difficult assignment.

## Conclusions

Our present observations show very little agreement between intelligence and stability of personality, as discovered in the laboratory, and success on the police force, as indicated by officers' ratings. However, the applicants whose records are reviewed here have not been on the force a sufficient length of time to find themselves; hence a review of their records five or ten years later would yield more reliable comparisons.

The work of a police department is so diversified that it would be impossible and undesirable to establish a single standard requirement. Applicants with limited general intelligence and obedient behavior may be useful in some of the positions in the police department and dangerous or inadequate in others.

There are a few offenders of exceptional intelligence and skill who escape arrest for long enough periods of time to

commit outstanding crimes, but they do not comprise the majority of the persons brought before a criminal court. Many offenders are inferior in intelligence and docile in behavior, and the majority of the offenses that make up the docket of a criminal court are the result of problems of social inadequacy rather than of aggressive antisocial conduct. It requires little ability to arrest such offenders and conduct them to court. It would require a great deal more ability to supervise them and keep them out of court. It is not the purpose of this article to advocate that the police should or should not be given greater supervisory powers in the community, although that is a point that arises very early in any consideration of methods of crime prevention.

The purpose of this report is to give a picture of the types of people who are now applying for positions on the police force. Some individuals who are especially gifted in intelligence and have a marked interest in the detection of crime may find their way into police departments and do exceptional work. The majority, however, of the applicants as we have seen them are earnest young men looking for a steady job with a pension. They are willing to do faithfully what they are told to do. They are not asking for an opportunity to study criminology or to do astute and original work in the detection and prevention of crime, nor do they show any unusual ability that leads us to think they have special aptitude along that line.

If the idea of public safety, which is now prevalent in the conception of traffic regulation, comes to dominate the attitude of society toward the whole of the crime problem to the exclusion of the punitive conception, the functions of the police department must also take on a much broader scope. This, in turn, will mean a different method of selection and of training of the applicants than we now have, in order that they may be competent to anticipate and prevent crime.

# DRUG ADDICTION IN ITS RELATION TO CRIME

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THERE is a widespread popular belief that narcotic-drug addiction has in recent years been responsible for much violent crime. This belief has been implanted in the minds of its adherents mainly by lay writers through the medium of popular articles in newspapers and magazines, although the physician has unwittingly contributed to its support by the publication of statistics as to the number of addicts in various prisons in the last few years. In many cases these statistics show increases and as no explanation of the cause of these increases accompanies the figures as a rule, the inference has been drawn that addiction throughout the country as a whole has increased, or that some condition has come into being which has caused addicts to commit crimes with greater frequency of late than they did in previous years. Most, if not all, of the supposed increase in the number of criminal addicts has been attributed to the use of heroin, the diacetyl derivative of morphine introduced into medical practice in 1898.

The present writer has been engaged for some time in a study of narcotic addiction in its various phases. A part of the work undertaken in connection therewith consists of an intensive psychiatric and personality study of addicts. These studies brought out so forcibly the fact that a criminal addict was, in the vast majority of cases, a criminal before he became addicted, and that no opiate ever directly influenced addicts to commit violent crime, that a statistical survey of this phase of the subject was made with a view to supplementing the personality data and of presenting a more complete picture of the relation of narcotic-drug addiction to crime.

The conclusions presented in this paper are based in part upon the personality study of 225 cases, but data on the

character of the crimes committed are given only for the first 181 studied. These cases include addicts from all walks of life. By special arrangement some of these addicts were examined at their homes, but the majority of them were examined in city jails where they were confined, or in hospitals where they were given treatment by the writer.

The possible effect of narcotics in producing crime has been carefully studied in the 225 cases referred to above, especially in the delinquents and those with criminal impulses, and as a result of the study, the conclusion has been reached that there is probably no more absurd fallacy extant than the notion that murders are committed and daylight robberies and hold-ups are carried out by men stimulated by large doses of heroin or cocaine which have temporarily distorted them into self-imagined heroes incapable of fear.

In so far as its influence on crime is concerned, addiction to opium or any of its preparations creates two tendencies directly opposed to each other. The immediate effect of excessive indulgence in all forms of the drug is to soothe abnormal impulses, while the ultimate effect is to create a state of idleness and dependency which naturally enhances the desire to live at the expense of others and by anti-social means. The effect of addiction on the psychopathic murderer is to inhibit his impulse to violent crime. At the same time it saps his vitality and reduces the ambition and courage that prompt him to convert his abnormal impulse into action. He, therefore, becomes less a murderer and more a thief. In other cases, where the degree of abnormality is not so great, the indirect effect is to increase the impulse to lie and steal. The factor most important in this is the desire to secure the drug in order to avoid the discomfort caused by the lack of it. No addict who receives an adequate supply of opium and has money enough to live is converted into a liar or thief by the direct effect of the drug itself. The direct effect is to remove the irritability and unrest so characteristic of psychopathic individuals. The soothing effect of opiates in such cases is so striking and universally characteristic that one is led to believe violent crime would be much less prevalent if all habitual criminals were addicts who could obtain sufficient morphine or heroin

to keep themselves fully charged with one of these drugs at all times.

Cocaine stimulates both mind and body and up to a certain point increases confidence and courage. Beyond the point of maximum stimulation, it produces uncertainty, fear, and anxiety. A criminal who takes cocaine is for the time being more efficient as a criminal unless he takes too much. The drug does not arouse criminal impulses in any one, but it enhances the criminal's mental and physical energy so that he is more likely to convert his abnormal impulses into action. Beyond the point of maximum stimulation, the criminal and any other type of character become suspicious and fearful. They run away from imagined enemies, usually the police. They are in a paranoiac state, and in this state of fear might commit some act of violence if cornered. In the cases studied, addicts in this state have walked all night to escape imaginary policemen who peeped out from behind every tree; they have looked into bureau drawers, under beds, in match boxes, and through keyholes for police. One attacked with a hammer a laundry bag in his bathroom, under the delusion that it contained a policeman looking for him. Persons in this state are, of course, dangerous, but any crime they might commit would be due to the frenzy of fear. Such a person would be incapable of planning and committing a deliberate murder or of holding up and robbing a bank.

The soothing effect of opium on abnormal impulses is believed to be well understood by the medical profession. It was correctly stated by Norman Kerr[1] more than thirty years ago in the phrases, "Opium soothes, alcohol maddens", and "The intoxicated by opium are serene, sedate, and lethargic", but it needs to be restated because of the misapprehension produced partly by lack of analysis of the statistics on the increased number of addicts in prison in recent years. The effect of heroin in particular needs to be set forth in its true light, because of the alarm created by certain persons, who without a thorough understanding of it, have seized upon and misinterpreted the phrase "inflation of

[1] *Inebriety or Narcomania*, by Norman Kerr. Third edition. London: H. K. Lewis, 1894.

personality" used in describing one effect of opiates, and out of it have constructed the heroin hero.

The mental and physical lethargy and the loss of ambition produced by morphine and heroin are incompatible with the simultaneous production of an aggressive hero. These effects are spoken of by all addicts who use these drugs in large quantities. The inflation of personality in inferior individuals actually occurs. In the present series of cases, 86 per cent were nervously abnormal before they became addicted. A large proportion were psychopathic, and every criminal among them had committed crime before the use of narcotics was begun. All of these cases became addicted because of the pleasurable mental satisfaction that the first few doses of a narcotic gave them. The decree of inflation varied in direct proportion to the degree of pathology. It occurred only slightly or not at all in those considered nervously normal, but was very striking in some of the extreme psychopaths.

One of the effects of opium is the obliteration of mental conflicts and of the uncomfortable pathological strivings that result from them. The tensions, both physical and mental, produced by these strivings are relieved, and under its influence the neurotic or psychopathic patient feels free, easy, and contented. The contrast with his usual state is so great in some cases that he is actually happy. The condition may be expressed in another way by saying that the patient has sublimated his pathological impulses by the use of a narcotic. The objection to this form of sublimation is that it is itself temporary and pathological. The reflex from waning narcotism accentuates the original tensions, just as release from these tensions accentuates the pleasure of narcotics beyond normal expectations, and in the end the patient is worse off. The depression that so often follows the withdrawal of opium is in part explained in this way.

The point that it is desired to settle is: Does the so-called inflation of personality cause any one subject to it to commit crime while in the inflated state? The cases under discussion clearly show that exactly the reverse of this is true. In nearly every instance where the drug has been taken in large quantities by a morose, irritable, restless, discontented

individual, the inflation for the time being has made him agreeable, pleasant, and non-aggressive. The effect on less pathological individuals is similar, but less in degree. It is, in fact, the pleasant satisfaction with things as they are that causes addicts to lose ambition and will power. Addiction to opium will not prevent criminals from committing violent crimes—the inflation is too temporary to bring about such a good result, and when tolerance is established, the effect is diminished in intensity—but the drug in large doses does inhibit aggressive impulses of every kind, and the effect on an aggressive criminal is to make him less a murderer and more a thief. Under the influence of morphine or heroin, the addict suffers in courage and pride because, when his personality is inflated, everything is satisfactory and nothing matters.

Although the inflated state tends to lessen the tendency to crime, there is a possibility that persons inflated to an extreme degree could be led to commit murder or robbery. One intelligent, but highly abnormal patient who derived intense pleasure from narcotics described an exquisite "don't-care, fatalistic state" into which several hours of excessive indulgence in cocaine and morphine or cocaine and heroin raised him. There was, he admitted, a certain stage of short duration in his debauches during which, through suggestion, he might have been led to commit violent crime because of his peculiar attitude that nothing mattered, but during this stage there was no ambition or spontaneous impulse to do anything. Another patient, a shrinking, temperamental neurotic, described a cocaine-heroin spree that lasted a week, during which time he would consume an ounce of each of these drugs while lying in bed oblivious of the passage of time and in a state of happiness approaching ecstacy. He had no will power or ambition to do anything during these sprees, but was no doubt highly suggestible. These two cases exemplify an extreme state of inflation during which a certain type of addict is suggestible, but lacking in ambition and aggressiveness. It is reasonable to suppose that such cases could be influenced to commit murder while in the inflated state, but the soothing effect of narcotics far outweighs in importance the suggestibility they produce

under some circumstances, and neither of the suggestible states above referred to are comparable in danger with the aggressive, maddening influence of alcohol on certain types of individuals.

The effect of morphine and heroin in reducing courage and aggressiveness is illustrated by statements of addicts examined, as well as by the testimony of their relatives and friends. The experience of the wife who said she could turn her husband around her finger when he was under the influence of heroin, but that at other times he was irritable and disagreeable, is paralleled by numerous other cases illustrated by quotations from the remarks of addicts given below:

"If there is any yellow in you, heroin will bring it out."

"A man can slap you in the face and you would not resent it."

"It would be impossible to commit a crime, but you do dirty things that there are no risks in."

"You have no guts when you take this drug."

A patient who, as a boy, had been several times arrested for fighting, said: "I have not been arrested for fighting since I took the stuff. It makes a coward of you because you are ashamed of it and you are less aggressive."

Although the immediate effect of all opiates is to curb criminal tendencies, the continued effect of the drug is to create petty thieves because the lethargy, loss of ambition, idleness, and physical depletion produced by the drugs, together with the social and legal difficulties of an addict's career, result in moral deterioration and financial embarrassment. Many of the cases studied have been physically and morally depleted by their addiction and its attendant social handicaps. Addicts understand and speak of the demoralizing effect of addiction on them, and their records prove it to be true. It thus happens that the good resulting from the soothing effect of narcotics on vicious, aggressive criminals is more than counterbalanced by its deteriorating effects on less abnormal addicts.

Although addiction was harmful to most of the neurotic and mildly psychopathic individuals among these cases, only a few who were regarded as having had in the beginning

potentialities for growth into first-class citizens became thieves in order to satisfy their addiction. The more normal addicts continued to work and support themselves honestly. When this became impossible, they as a rule sought cure in order to relieve the financial burden.

### Criminal Records

In this series of 181 cases, 98 had been arrested one or more times during their lives for offenses ranging in degree from fighting and drunkenness to attempted murder, 59 of them for violations of narcotic laws. The only arrest in 31 cases was for violating these laws, while 39 were arrested for other offenses alone and 28 for both narcotic-law violations and other offenses. The total number of arrests was 284, counting only one arrest for each of two habitual criminals about whom definite information was not available.

Some of the arrests were for offenses committed before addiction occurred, and most of them, excluding the narcotic-law violations, were for offenses such as fighting, drinking, soliciting, and fornication. All of the arrests for drinking and most of those for fighting were of drunkards before they became addicted or during short periods after they had been cured of addiction and before they resumed the taking of drugs. Of the total number of arrests, 81 were for violations of the narcotic laws; 40 for drinking; 25 for fighting and disorderly conduct; and 50 others unclassified occurred in three habitual offenders. Most of these were for disorderly conduct, chiefly drinking and fighting. The remaining arrests were chiefly for stealing, soliciting, adultery, bootlegging, or on suspicion. Only a few were for more serious offenses, and these were committed by extreme psychopaths who would have been criminals in any event.

Only 4 of 30 Negroes had escaped arrest. Nineteen of them had violated the narcotic laws. There were 78 arrests of Negroes, 12 of which were for soliciting and 25 for narcotic-law violations. There were 7 pure-cocaine addicts among them who were arrested 29 times, and 47 of the total number of arrests were accounted for by 6 psychopathic Negroes.

An examination of the data in connection with the type of

individuals arrested showed that those who had been normal or who had approached normality before becoming addicted had escaped arrest as a rule, except for violations of the narcotic laws. The most significant finding is the absence of arrest for fighting and drinking in those who were addicted to opiates at the time of arrest.

The habitual offenders in this series were no doubt either actual or potential offenders before they became addicted. The cases cited below are types of criminal addicts who exemplify this.

> The mother of patient No. 6 is repulsive in appearance. A fighting, quarrelsome disposition and fondness for another man led to her separation from the patient's father. She confessed to four self-induced abortions. The father is normal in appearance and manner. He worked for the government for years and finally confessed to the theft of thousands of dollars worth of stamps. The father's mother has spells following excitement during which she trembles and screams. The patient, now twenty-four years of age, went through the third year in high school and has an intelligence quotient of 100. During his fourteenth year, he began to drink heavily and was arrested for being drunk three times before he became addicted. He says that he has always had an "abnormal hereditary craving for something". When eighteen years of age, he went with a girl to another city and used her as a decoy in schemes to compromise and then extort money from wealthy men. He was arrested and put under heavy bond for this, but because of his youth and, he claims, through some influence, was allowed to go, with the understanding that the charge would not be pressed unless he returned to that city. Some time after this he began to take morphine and since then has used morphine, heroin, and cocaine. According to his description, the first dose "satisfied every craving he ever had". Since he became addicted, there has been no more drinking, but he has been arrested several times for possessing narcotics. He has had in all about six treatments, none of which were voluntary. Once he was brought in by the police in a delirious state, having taken a number of hyoscine tablets. On all occasions he relapsed immediately on being released. At the present time he is serving a year in jail for possessing narcotics. In a letter to the writer he says, "The deserved lesson has been sufficient", and he promises to "go straight hereafter", but from his make-up we may safely predict that within a few days after release, he will be using alcohol or some narcotic again.

The only question we need ask about this case is: Did the change from alcohol to opium, by sapping his vitality and more effectually soothing his cravings, save him from the commission of more aggressive crimes?

Case No. 7, according to his own statement, is one of nine children in a prominent family, all of the other members of which are prosperous and normal, but the father had a very high temper. When ten years of age, the patient killed an older boy with whom he had a quarrel by piercing his heart with an awl. He was free to come and go in the custody of the sheriff for two months and was then cleared, after which, when eleven years of age, he was sent by his father to a school where discipline was strict in order to get him away from his surroundings. He stayed five years, and the head of the school says of him that while there "his moods varied from time to time, but he was usually affable, agreeable, cheerful, happy-go-lucky, and decidedly irresponsible, and under strict supervision he always responded with alacrity to studies, labor, and moral standards, but there was always a tendency for him to sag in all of these respects if the controlling power was released". From the time he left this school until he was twenty years of age, he wandered aimlessly between two preparatory schools and his home. The principal of the school that he attended as a boy reports that after leaving there, he got in with bad companions who used him for their own evil purposes. He left school and enlisted in the army against the advice of his parents, and claims to have served creditably for two years.

It is not clear just when he began to use narcotics. It seems from his story to have been shortly before entering the army. Since then he has engaged almost continuously in stealing, blackmailing, and confidence games. The crooks, he says, praised him for his work because he never "squealed". It seems that the weak character and low moral sense that was always characteristic of him made him especially suitable as an accomplice in crimes of the sneak-thief variety. He was caught several times when the accomplice escaped, but avoided a jail sentence. Finally, in a blackmail plot in which his wife was used as a decoy, two thousand dollars was extorted from a man who later on discovered that he had been duped. Our patient's good luck with the court failed him this time and he received a sentence of three years. This patient has a small skull, a receding forehead, a thin face, and a cunning, forbidding expression. His countenance alone would cause most people to shrink from him.

This case received wide publicity as an example of how "dope" will drag a man down, but the only doubtful questions are: Would he, without his narcotic habit, have been an aggressive murderer instead of a thief? Or, if he had escaped the devitalizing effects of narcotics, would he have been a leader among thieves instead of a mere dupe for others? The case is one of a criminal psychopath who long ago should have been separated permanently from society.

Another type of offending addict is illustrated by Case No. 7, a colored woman with strong passions and a feeble mind. She has an intelligence quotient of 55. This woman, now thirty-one years of age,

became addicted to cocaine two and a half years ago after a career of delinquency and crime which had led to her arrest about fifteen times.

In such cases as this, the addiction is beneficial not to the addict, but to society, in that the violation of narcotic laws will lead to a prison sentence which will protect society for a year or more from a potential murderer, who ought to have been permanently sequestered long ago.

The interest that has been aroused in addiction in recent years by the increased number of addicts in prison has led prison officials to assume that addicts owe their criminal impulses to narcotics, especially to heroin, which is comparatively new. That this is erroneous is believed to be plain to any psychiatrist who has carefully examined criminal addicts. These addicts owe their addiction to the same instability and abnormal impulses that lead to the commission of crime, and addiction is only an incident in their lives.

There is, as before stated, a type of delinquent addict less abnormal in the beginning than the psychopathic criminal. Addicts belonging to this class often owe their delinquency to the deteriorating effects of narcotics and to the social and legal difficulties of a narcotic career. Some individuals of this class commit crimes, especially crimes like stealing that require little courage, because the motive has been greatly accentuated by the financial embarrassment incident to addiction. When cornered, such persons may, like other thieves, commit murder, although we know of no case that has been guilty of it. From the standpoint of criminality, these cases are made more dangerous by addiction, whereas the vicious psychopaths are rendered less harmful by the soothing effects of morphine and heroin.

### Causes of Large Addict Prison Population

There are undoubtedly many more addicts in prison than was the case ten years or more ago. An uncritical analysis of this situation has led some to believe that addiction is on the increase, while others have attributed it to the so-called maddening influence of heroin. We have shown elsewhere [1]

[1] "The Prevalence and Trend of Drug Addiction in the United States and Factors Influencing It," by Lawrence Kolb, M.D. and A. G. Du Mez. *Public Health Reports*, Vol. 39, pp. 1179-1204, May 23, 1924.

that the incidence of addiction has been decreasing in the United States since 1900, and that the supply of narcotics legally imported and smuggled has never been more than sufficient to supply 264,000 addicts. Also, a careful study of the effects of heroin clearly shows that it, like morphine, soothes abnormal impulses of all kinds. It is more potent in this respect than morphine, and the mild mental stimulation produced in some cases by therapeutic doses is not evident or is obscured by the more powerful narcotic effect of large addiction doses.

Since the prevalence of addiction has decreased and heroin has no more potentialty for violent crime than morphine, it becomes necessary to look for other reasons for the increase in the addict prison population. There are several of these. One, relatively unimportant, and causing only an apparent increase, is the great interest that has been aroused in the subject, which has led prison physicians and wardens to make careful surveys of their addict populations. An illustration of this is furnished by a large state prison in which, as a result of the statement of a narcotic agitator that 90 per cent of the inmates were addicts, a careful survey was made. It revealed less than 10 per cent. Surveys like this have no doubt been made in other prisons in which ten years ago the criminal addict was, like the criminal drunkard, looked upon as a psychopathic criminal, little attention being paid to his delinquent habits.

The apparent increase due to this cause is, however, only slight in comparison with the actual increase due to the rigid enforcement of recently enacted laws which make it a prison offense for unlicensed persons to sell narcotics or to be found with them in their possession. The records of the Bureau of Internal Revenue show that the Harrison Law, which became effective in 1915, has been enforced with increasing success and severity each year. Thousands of addicts who formerly were not molested are being sent to prison for violating this law. During the year ending June 30, 1923, there were 4,194 convictions, chiefly of addicts, for violations of the federal narcotic laws, and 4,692+ years of prison sentences were

imposed.[1] Under the dates October 3 and 6, 1924, there were 2,005 prisoners in the federal penitentiaries who were sentenced for violating the Harrison Law.[2]

In the discretion of the sentencing judge, federal prisoners convicted for violating the narcotic laws may be sent to a state penitentiary, a city jail, a county jail, a reformatory, or a house of correction as well as to a federal penitentiary. It thus happens that prisons all over the country care for violators of federal narcotic laws, and to these are added the large number of addicts convicted under state and city laws and ordinances. It is no cause for surprise or alarm, then, that the addict population of our prisons has increased.

The force of recently enacted state and city laws in swelling the number of addicts in prison is illustrated by the state of Pennsylvania and by New York City. In 1923 there were 549 persons convicted[3] in the county and state courts of Pennsylvania for violating a narcotic law enacted in 1917. During 1923, the workhouse alone in New York City handled 1,292 cases that were either sentenced for violating the sanitary code (possession or selling of drugs) or were self-committed for cure, and there was a total of 2,663 cases committed to institutions in connection with drug addiction.[4] Those not sent to the workhouse were committed to the penitentiary, the New York City Reformatory, and the city prisons. This work was done under a provision of the sanitary code of the city made effective since 1915.

When the situation is thoroughly analyzed, one sees that the laws enacted with the idea of reducing the number of drug addicts by punishing them are being enforced, and we have shown elsewhere[5] the salutary effects of these laws. Because of them drug addicts seek cure and many even commit themselves to prison. This is well illustrated by the New York workhouse cases, 427 of whom committed themselves. The

[1] Annual Report of the Commission of Internal Revenue for the fiscal year ending June 30, 1923.

[2] Figures furnished by the Superintendent of Prisons, Department of Justice, Washington, D. C.

[3] Figures furnished by the Department of Welfare, Harrisburg, Pennsylvania.

[4] Hearings of Committee on Ways and Means, House of Representatives, on H. R. 7079. Testimony of Sidney W. Brewster, Assistant Superintendent and Deputy Warden, Reformatory, Harts Island, New York.

[5] See note 1, page 83.

prison situation in relation to narcotic addiction may be summed up in the statement that the narcotic laws have made a crime out of a weakness in order to protect persons from the consequences of this weakness, and as a result many of the weaklings have of necessity been sent to prison.

Although the large addict prison population does not indicate an increase of addiction or of crimes due to the so-called maddening effect of narcotics, it is probable that, aside from those sentenced for violating the narcotic laws, there may be a few more addicts in prison than formerly. As already indicated, the high price of narcotics charged by peddlers and the difficulty of securing a supply has no doubt impelled some who would have been law-abiding to steal or commit related crimes. The increase due to this cause is believed to be small, but we have not been able to secure any reliable statistics on the subject. It is plain that if such an increase has occurred, it is not due to the direct crime-producing property of narcotics, as is so often stated, but to the motive that impels certain types of addicts deprived of their opiate to secure it at any cost.

In view of the oft-repeated statement that the introduction of heroin has caused a great increase of violent crime in the United States, the following table which shows the homicide rates [1] in New York and Chicago is of interest. In New York addicts use heroin almost exclusively, while in Chicago the opiate of addiction is morphine, and heroin addicts are as rare as morphine addicts are in New York.

*Homicide rates per 100,000 population*

| | 1912-16 | 1917-21 | 1922-23 |
|---|---|---|---|
| New York | 5.6 | 5.3 | 5.5+ |
| Chicago | 9.5 | 10.8 | 12.7+ |

Reports of narcotic agents [2] for the year ending June 30, 1922, show that in four states—New York, New Jersey, Pennsylvania, and Delaware—heroin was the opiate of addiction, while in other sections of the country it was morphine, and heroin was rarely used. This is still true of the West and

[1] See "Homicide Record for 1923", by Frederick F. Hoffman. *The Spectator*, vol. 112, pp. 3, 11, 13, and 15, May 8, 1924.

[2] From files of Narcotic Division, Bureau of Internal Revenue.

South, but the use of heroin by addicts is spreading along the eastern seaboard as far south as Washington. In Washington the dissipated addicts now use heroin, and the latest report shows that they have been rapidly turning to heroin in Baltimore because of the scarcity of morphine. While morphine was the sole opiate of addiction in Baltimore, the homicide rate increased from 6.4 per 100,000 during the period 1912–16 to 8.6 during the period 1917–21, but since heroin has gained a hold, it decreased from 10.2 in 1922 to 7.2 in 1923. The rate has, however, increased somewhat in two heroin cities, Philadelphia and Washington, but not to the same extent as in a number of morphine cities, and the rate in Philadelphia and Washington is much lower than in some large cities where heroin is seldom used by addicts. It is thus seen that heroin is the drug of addiction in only one section of the country, and it happens that this section has a comparatively small homicide rate. In twenty-eight representative cities, the homicide rate increased from 8.3 per 100,000 for the period 1912–16 to 9.6 per 100,000 for the period 1922–23. It is interesting to note that the general increase in the homicide rate has occurred in the face of a decrease in one large center of population, New York City, and in this center, also the center of heroin addiction, the rate is only 57.3 per cent of the general rate.

If one examines the situation as to crime from the standpoint of drug addiction alone, the conclusion would be that the introduction of heroin had retarded a general increase in the homicide rate, but we do not believe that any student of crime would accept this conclusion. The inference to be drawn from the psychological analysis of addicts, from the trend of addiction, and from the statistics on crime, is that neither the introduction of heroin, the marked decrease of addiction, nor the disconcerting influence of narcotic laws on addicts has had any measurable effect in increasing or reducing the incidence of violent crime, but that the criminal psychopath will commit murder regardless of whether or not he happens to be an addict. Fluctuations in the homicide wave and differences in rates in various parts of the country are due to factors that bear no relation to drug addiction. A discussion of these factors is out of place here.

## Summary and Conclusions

All preparations of opium capable of producing addiction inhibit aggressive impulses and make psychopaths less likely to commit crimes of violence.

The inflation of personality produced by large doses of morphine or heroin is a state of ease, comfort, and freedom from pathological tensions and strivings brought about by the soothing narcotic properties of opiates on abnormal persons.

Nervously normal addicts are not inflated and psychopathic criminals are less dangerous when inflated than when in their normal condition.

The inflating properties of heroin are similar to those of morphine.

The heroin hero is a myth.

Both heroin and morphine in large doses change drunken, fighting psychopaths into sober, cowardly, non-aggressive idlers.

Cocaine up to a certain point makes criminals more efficient as criminals. Beyond this point it brings on the state of fear or paranoia, during which the addict might murder a supposed pursuer.

Habitual criminals are psychopaths, and psychopaths are abnormal individuals who, because of their abnormality, are especially liable to become addicts. Addiction is only an incident in their delinquent careers, and the crimes they commit are not precipitated by the drugs they take.

The increased addict prison population is due to the rigid enforcement of laws enacted within the last ten years and designed to curb the drug evil by making the possession or handling of narcotics by unauthorized persons a prison offense.

Heroin owes its reputation as a crime producer to the accident of having been introduced to the underworld addicts in the largest city of the country shortly before the new narcotic laws forced these addicts on the public attention. Heroin is the drug of addiction in only one section of the country along the eastern seaboard.

In New York City, the center of heroin addiction, the homicide rate has decreased during the past twelve years in the face of an increase in the rate for the country as a whole, and the rate for twenty-eight representative cities is nearly double that of New York.

# DEMENTIA PRAECOX AND CRIME

## A Study of 83 Cases of Dementia Praecox Seen in the Psychopathic Clinic, Recorder's Court, Detroit.

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THERE has probably never been a time when there has been as much interest in and speculation about the type of mind that commits crime as there is at the present. Formerly only sociologists, criminologists, and psychiatrists gave any thought to the subject or realized that there was something more than just goodness or badness within the individual to explain his good or bad conduct. To-day, as a result of the general dissemination of mental-hygiene knowledge, the efforts of psychiatrists to make psychiatry a practical science of use to the average person, and the growing number of psychopathic clinics in which children who are behavior problems and maladjusted adults are examined and treated, we find a growing interest in the causes behind the kind of conduct that is called crime.

The question is frequently raised whether individuals who commit crimes are not usually suffering from some form of mental disease. Opinion has been pretty much divided regarding the types of offenses perpetrated by those who are suffering from one form or another of the mental disease known as dementia praecox. Possibly because a few atrocious crimes have been committed by dementia-praecox patients, the conclusion has been hastily drawn by some, without further investigation, that all such patients are very dangerous and are responsible for the majority of the worst offenses against society. Those who have made a real study of such cases, however, have not found this to be the case. Barrett[1] makes the following statements: "As an individual type, the case of dementia praecox is not prone to commit criminal acts. When they do occur, they are usually direct

[1] See *Legal Medical and Toxicology*, edited by Frederick Peterson, Walter S. Haines, and Ralph W. Webster. Philadelphia: W. B. Saunders Company, 1923. Vol. 1.

results of incidental situations and transitory abnormalities during the course of the disorder. Those actions requiring any considerable degree of energy and strength of will and decision are far less frequent than those growing out of indolence and weakness of will. The majority of the crimes committed by the individual with dementia praecox are in the class of misdemeanors, such as disorderly conduct, disturbing the peace, vagabondage, and minor larcenies." Herein Dr. Barrett agrees with Wilmans,[1] who wrote over twenty years ago on this subject. He particularly emphasized the fact that the "hobo" is the most common product of dementia praecox. In the early stages, he said, they run away and in their travels first come in contact with the law. Other individuals suffering from this disease show no interest in life, have no desires or complaints, but are completely absorbed with their own daydreams and, possibly, hallucinations.

It is being realized more and more that many dementia-praecox patients never reach state hospitals because of the fact that they manifest no elaborative psychotic symptoms. Instead, they usually become beggars, nomads, loafers, and the like, and are more apt to land in jail than in a hospital. For such individuals residence in a state prison has often been substituted for the more desirable state-hospital care where facilities for the latter have been lacking. Unfortunately, all hospitals for mental patients are overcrowded and it is often impossible to get a patient who does not show obvious symptoms of mental disease committed to one. It becomes necessary, therefore, at times to choose between sentence to prison and return to the community.

A study of admissions to the Psychopathic Clinic of the Recorder's Court, Detroit, showed that only 83 of the court cases referred to the clinic from its establishment in 1921 up to March 1, 1924, a period of nearly three years, were diagnosed as dementia praecox. In this period 4,180 cases—not all of them court cases, however—had been examined in the clinic. Of the 83 cases mentioned, 75 were men and 8 were women. Among these were 6 colored males and 2 colored females.

[1] *Zur Psychopathologie des Landstreichers,* by Karl Wilmans. Leipsig, 1902.

The types of dementia praecox represented in these 83 individuals were as follows:

| *Type* | *Males* | *Females* | *Total* |
|---|---|---|---|
| Simplex | 51 | 6 | 57 |
| Hebephrenic | 13 | 0 | 13 |
| Catatonic | 5 | 1 | 6 |
| Paranoid | 6 | 1 | 7 |
| Total | 75 | 8 | 83 |

It will be seen from these figures that 68.7 per cent of the cases were dementia praecox simplex, the type of patient that usually manages to stay outside of hospitals because his conduct is not such as to call attention to him. His life is a wandering one, without purpose or apparent motive, and at any given time he does not appear different from the average. It is only when his whole life in longitudinal section is studied that his differences from the average stand out.

Fifteen and seven-tenths per cent of the 83 were of the hebephrenic type, actual deterioration and bizarre conduct being noted. Seven, or 8.4 per cent, of the whole number showed definite paranoid reactions, such as ideas of persecution or reference, thought control, and the like. The remaining 7.2 per cent were of the catatonic type, showing such symptoms as negativism, irritability with frequent outbursts, automatism, and stereotypy.

The ages of the cases are shown below:

| *Age* | *Number* |
|---|---|
| Under 20 years | 9 |
| Under 20-24 years | 14 |
| Under 25-29 years | 14 |
| Under 30-34 years | 19 |
| Under 35-39 years | 15 |
| Under 40-44 years | 4 |
| Under 45-49 years | 2 |
| Under 50-54 years | 3 |
| Under 55-59 years | 2 |
| Unknown | 1 |
| Total | 83 |

It will be seen from this table that 71, or 85.5 per cent, of the 83 cases studied were under forty years of age. For the whole group, the greatest incidence occurs between the ages of thirty and thirty-four, with 19 cases, or a percentage of

22.9 per cent. The ages thirty-five to thirty-nine come second, with a total of 15, or 18.1 per cent. The percentage is the same for the groups between twenty to twenty-four and twenty-five to twenty-nine—namely, 16.9 per cent, or 14 each. A comparison of these figures with the findings of Raphael, Jacoby, and Harryman [1] in the study of 1,988 clinic cases which were representative of the general-court-offender group shows that the dementia-praecox patients do not come into conflict with the law as early as the average or general group. The greatest incidence of the latter appeared between the ages of twenty-one and thirty, whereas the dementia-praecox group has its highest number between the ages of thirty and thirty-nine, the percentages being respectively 38.5 per cent and 41 per cent. The following table illustrates this more graphically:

| *General group* | | *Dementia-praecox group* | |
|---|---|---|---|
| Age | Per cent | Age | Per cent |
| 17-20 years | 15.3 | Under 20 years | 10.8 |
| 21-30 years | 38.5 | 20-29 years | 33.7 |
| 31-40 years | 27.5 | 30-39 years | 41.0 |
| 41-50 years | 11.5 | 40-49 years | 7.2 |
| Over 51 years | 7.2 | 50 years or over | 6.0 |
| | | Unknown | 1.2 |
| Total | 100.0 | Total | 100.0 |

It should be realized that these differences may be due to the great discrepancy between the numbers in the groups studied. Since, however, a larger group of dementia-praecox cases is not available, it is necessary to use the material we have as a basis for comparison.

The civil state is shown in the following table:

| | | | *Total* | |
|---|---|---|---|---|
| *Civil state* | *Males* | *Females* | Number | Per cent |
| Single | 55 | 2 | 57 | 68.7 |
| Married | 8 | 2 | 10 | 12.0 |
| Separated | 7 | 1 | 8 | 9.6 |
| Divorced | 2 | 2 | 4 | 4.8 |
| Widowed | 2 | 1 | 3 | 3.6 |
| Unknown | 1 | 0 | 1 | 1.2 |
| Total | 75 | 8 | 83 | 100.0 |

[1] *Socio-Psychiatric Delinquency Studies from the Psychopathic Clinic of the Recorder's Court, Detroit,* by Theophile Raphael, M.D., Arnold L. Jacoby, M.D., Ward W. Harryman, M.D., and Mary M. Raphael. MENTAL HYGIENE, Vol 8, pp. 453-65, April, 1924.

Comparing these figures with those of Raphael, Jacoby, and Harryman for the general group [1] we note an interesting as well as significant difference in the civil status of the two groups:

| | *Per cent* | |
|---|---|---|
| *Civil state* | Average group | Dementia-praecox group |
| Single | 46.3 | 68.7 |
| Married | 36.1 | 12.0 |
| Divorced or separated | 12.3 | 14.5 |
| Widowed | 5.5 | 3.6 |

There is a difference of 22.4 per cent between the single persons in the dementia-praecox group and those in the average or more normal group, and of this latter group 24.1 per cent more are married. There were 2.2 per cent more separations or divorces among the dementia-praecox patients, and 1.9 per cent more widowed among the average than in the specialized group. These findings are not at all unexpected, since the seclusive make-up and ingrown personality of the praecox patient are likely to interfere with his marrying or making a success of marriage.

The nativity of our group is shown by the following figures:

| *Country of birth* | *Number* |
|---|---|
| United States | 44 |
| Poland | 11 |
| Russia | 5 |
| Italy | 5 |
| Armenia | 3 |
| Canada | 2 |
| Sweden | 2 |
| Greece | 2 |
| Malta | 1 |
| Turkey | 1 |
| South America | 1 |
| Mexico | 1 |
| Roumania | 1 |
| England | 1 |
| Austria | 1 |
| Unknown | 2 |
| Total | 83 |

We find that 53 per cent of these patients were born in the United States. The parents of 26 of them, however, were

[1] See note 1, page 93.

foreign born, making 31.3 per cent of the group first-generation Americans. Poland followed the United States in the largest nativity, with 13.3 per cent of the whole group. This is not an unexpected finding considering the exceptionally large percentage of Polish in the Detroit population.

The occupations followed by the men are listed in the following table in the order of greatest number:

| | |
|---|---|
| Laborers | 40 |
| Factory workers | 9 |
| Machinists | 3 |
| Army or navy | 2 |
| Cook | 2 |
| Electricians | 2 |
| Truck drivers | 2 |
| Waiter | 1 |
| Shoemaker | 1 |
| Machine operator | 1 |
| Own business | 1 |
| Salesman | 1 |
| Tile setter | 1 |
| Carpenter | 1 |
| Bricklayer | 1 |
| Draftsman | 1 |
| Fireman | 1 |
| Unknown | 5 |
| Total | 75 |

The women were engaged in the following occupations:

| | |
|---|---|
| Housewife | 3 |
| Domestic | 2 |
| Waitress | 2 |
| Telephone operator | 1 |
| | 8 |

The following table shows to what extent these cases were recidivists:

| *Number of previous arrests* | *Individuals* |
|---|---|
| 1 | 19 |
| 2 | 5 |
| 3 | 6 |
| 4 | 3 |
| 5 | 1 |
| 6 | 1 |
| 7 | 1 |
| 9 | 1 |

| *Number of previous arrests* | *Individuals* |
|---|---|
| 10 | 1 |
| 12 | 1 |
| 30 | 1 |
| "Several" | 3 |
| | 43 |

Inasmuch as it was necessary in most instances to accept the patients' own statements, since the majority were nomads and homeless or without relatives as far as could be ascertained, it is not felt that we have accurate information regarding the number of arrests. It is safe to assume, however, that at least the 43 who confessed to it were repeaters, which gives a percentage of 51.8 per cent. Were the actual facts obtainable, this percentage would probably be higher. This percentage is 7.2 per cent higher than in the average court group, in which the percentage of recidivism was found to be 44.6 per cent. It is lower, however, than that obtained by Glueck,[1] whose recidivist group totaled 66.8 per cent. This difference may be partially explained by the fact that Glueck's cases were state prisoners who were actually in prison, and more of their records had been obtained by the time they reached there, whereas this series are court cases, a large proportion of which are disposed of without a sentence. Usually only those individuals who have committed what are considered the more serious crimes are found in state prisons and it is to be expected that the repeaters would be in this group. Of the court cases, on the other hand, many of the charges are so minor that the offenders are placed on probation or receive suspended sentence, or the charges may even be dismissed, the disposition usually depending upon the impression the prisoner makes upon the judge.

The charges brought against these individuals are as follows:

[1] See *A Study of* 608 *Admissions to Sing Sing Prison*, by Bernard Glueck, M.D. MENTAL HYGIENE, Vol. 2, p. 85-151, January, 1918.

| *Charge* | *Males* | *Females* | *Total* |
|---|---|---|---|
| Vagrancy | 23 | .. | 23 |
| Disturbing the peace | 18 | 2 | 20 |
| Non-support | 6 | .. | 6 |
| Carrying concealed weapons | 4 | 1 | 5 |
| Investigation | 2 | 2 | 4 |
| Simple larceny | 2 | 2 | 4 |
| Drunkenness | 2 | 1 | 3 |
| Begging | 3 | .. | 3 |
| Disorderly person | 3 | .. | 3 |
| Breaking and entering | 3 | .. | 3 |
| Malicious injury to property | 2 | .. | 2 |
| Assault and battery | 1 | .. | 1 |
| Grand larceny | 1 | .. | 1 |
| Felonious assault | 1 | .. | 1 |
| Indecent exposure | 1 | .. | 1 |
| Unlawfully driving away auto | 1 | .. | 1 |
| Uttering and publishing | 1 | .. | 1 |
| Larceny by conversion | 1 | .. | 1 |
| Total | 75 | 8 | 83 |

Retabulating the charges as given in the above summary according to the various classifications of dementia praecox, we get the following results:

| | *Type* | | | |
|---|---|---|---|---|
| *Charge* | Simplex | Hebe-phrenic | Cata-tonic | Para-noid |
| Vagrancy | 17 | 5 | .. | 1 |
| Disturbing the peace | 11 | 4 | 2 | 3 |
| Non-support | 6 | .. | .. | .. |
| Carrying concealed weapons | 5 | .. | .. | .. |
| Investigation | 2 | 1 | .. | 1 |
| Simple larceny | 3 | .. | 1 | .. |
| Drunkenness | 2 | .. | 1 | .. |
| Begging | 3 | .. | .. | .. |
| Disorderly person | 1 | 1 | .. | .. |
| Breaking and entering | 2 | .. | .. | 1 |
| Malicious injury to property | .. | .. | 1 | 1 |
| Assault and battery | 2 | .. | .. | 0 |
| Grand larceny | 1 | .. | .. | .. |
| Felonious assult | .. | .. | 1 | .. |
| Indecent exposure | 1 | .. | .. | .. |
| Unlawfully driving away auto | 1 | .. | .. | .. |
| Uttering and publishing | .. | 1 | .. | .. |
| Larceny by conversion | .. | 1 | .. | .. |
| Total | 57 | 13 | 6 | 7 |

*Vagrancy*—We see from these figures that by far the greatest number of all the offenses were committed by individuals who are suffering from the simplex type of dementia praecox. Of the 23 arrests for vagrancy, 17 were of the simplex type. They were apprehended for the following reasons: sitting on the curb, sleeping in a garage, watching a crap game, walking the railroad tracks, staying in a pool room, sleeping in a vacant lot, walking on street with several old coats on arm, loitering in an alley, refusing to leave restaurant. The 5 hebephrenic patients arrested for vagrancy were doing the following: staggering along the street and drinking; standing on the street gazing at a billboard; going to police station and asking for sex experience in order to break a spell; sleeping in a vacant shed; sitting in the union station for most of several days. The one paranoid case of vagrancy was arrested for loitering.

*Disturbing the peace*—Of the 20 arrested for disturbing the peace, 11 were diagnosed as cases of dementia praecox simplex. These individuals were engaged in the following acts of lawlessness when arrested: annoying a small girl while swimming; creating disturbance over division of property ordered by court; threatening family with carving knife; frequenting a railroad station and exposing himself and also drawing obscene pictures in the rest room of the station; arguing with family; with brother, giving frequent lectures from back porch, thus disturbing neighbors; asking child to go to park with him; throwing stones at girl he thought controlled his mind; firing a revolver during an argument over change; refusing to answer a policeman. The 4 hebephrenic patients attempted to annoy a girl; resisted an officer when stopped while running along the street; caused some disturbance while changing rooming house; spit at a policeman and cursed him when told to move on. The offenses of the 2 catatonic patients were striking a policeman when questioned regarding motive for staring into a store window and "queer" conduct on the street. Of the 3 paranoid patients, one indulged in an outburst against other tenants; one gave a lecture from the porch of his home; and one fought with some men who he thought controlled his mind.

*Non-support*—All of the 6 individuals charged with non-support were cases of dementia praecox simplex who not only were not working, but had not been for several months. Five were arrested on complaint of their wives; the sixth, a widower, refused to contribute to the support of his sixteen-year-old son, who was still in school.

*Carrying concealed weapons*—All of these 5 arrests were simplex cases. Two of these men had revolvers in their possession when searched by officers; another had a billy; and a colored woman and a white man were both found with ice picks in their clothing.

*Investigation*—The 2 simplex cases held for investigation were both females. One, a white single woman of forty-one years, was reported by her landlady because of peculiar conduct. The other, a colored girl of twenty-one, was reported to the police department by her aunt because she stayed away from home at night. The hebephrenic case held for investigation, a Russian twenty-nine years of age, a religious fanatic and formerly a member of the House of David, went to the police for protection because of his delusions. The fourth under investigation was a case of paranoid praecox and was arrested when found prowling in an alley with a car-coupling pin which he claimed he was carrying for protection.

*Simple larceny*—Three of the 4 cases arrested on this charge were diagnosed as simplex dementia praecox. One was accused of picking up a purse which he saw a woman drop. Another, unemployed for six months, stole a dress for his wife. The third, a woman twenty-seven years of age, stole a hat from a department store. The fourth, a case of catatonic praecox, was a Russian woman, thirty years of age and married, who stole shoes and stockings from a department store. She gave the excuse that she was worried over her child, who was in a hospital for treatment for chorea. The patient had formerly been in a state hospital for several months, following the birth of one of her children.

*Drunkenness*—One woman, twenty-nine years of age and married, and an eighteen-year-old boy, arrested on this charge, were diagnosed as simplex cases. The third was a

catatonic praecox, forty years of age and single, who had been in the observation ward of Receiving (city) Hospital on several different occasions.

*Begging*—The 3 arrests on this charge were all simplex type. One, a man of twenty-five years of age, stopped a man on the street and asked for carfare, and the others were just begging for money for no special purpose.

*Disorderly person*—One simplex case held on disorderly-person charge, a married man twenty-four years old, ordered food in a restaurant and refused to pay for it. The other individual held on this charge was a case of hebephenic type and was arrested near a house that had been robbed. Since there was no definite evidence that he had been the one who did the robbery, he was charged with being a disorderly person.

*Breaking and entering*—The 2 simplex cases brought into court on this charge were a white man, thirty years of age, who forced his way into a house and helped himself to food when it was refused him, and a colored boy, twenty-one years old, who was referred after he had already been sent to the house of correction, because of his conduct there. The third case, diagnosed as paranoid type, was a fifty-five-year-old white man, single, who broke the window of a jewelry store and stole jewelry. He had had several state-hospital residences as well as several prison sentences.

*Malicious injury to property*—One arrest on this charge was a case of catatonic dementia praecox, a twenty-eight-year-old Pole who had thrown a stone through the window of a store after standing looking at it a while. The other arrest was a twenty-three-year-old white boy who was a case of paranoid praecox. He broke a glass in the window of a theater to avenge an "insult" at least a year old.

*Assault and battery*—The first case of dementia praecox simplex arrested on this charge was a married man, thirty-nine years of age, of Polish birth, who, for no apparent reason, attempted to kill his wife by beating her with a stick. He had previously been referred to the clinic when held on

a charge of being disorderly, having been apprehended for masturbating in the front yard. His case was dismissed the first time because of his mental condition, and his wife was advised regarding it. The second man, an Italian thirty-nine years of age, was referred after having been sent to the house of correction, and the exact circumstances of his crime were not ascertained.

*Grand larceny*—The one arrest for grand larceny, a case of dementia praecox simplex, was a twenty-two-year-old white boy whose parents had died when he was very small and who had had no training or care to speak of at any time in his life. He had driven a car to Ohio and been apprehended when he ran out of gasoline.

*Felonious assault*—This was a case of catatonic dementia praecox, a thirty-two-year-old Roumanian, who was single. He reached out with a razor and cut the throat of a fellow roomer who was passing his window and then attempted to commit suicide by cutting his own arm.

*Indecent exposure*—This was a simplex case of dementia praecox, a man of thirty-five years of age who exposed himself to children in front of his home. He was a persistent masturbator and had many sex phantasies and dreams.

*Unlawfully driving away auto*—This seventeen-year-old boy, another case of dementia praecox simplex, stole a car with another boy. He had a juvenile-court record and had been sent both to the Ford Republic and the industrial school at Lansing. He had never worked. His father had died when he was two years of age and the mother when he was seven; his stepfather had been very intolerant. The family was known to 10 social agencies.

*Uttering and publishing*—This twenty-three-year-old white boy was referred to the clinic twice, the first time for uttering and publishing, at which time he was diagnosed hebephrenic type of dementia praecox. On this occasion he tried to cash a check which he had collected for the coal firm for which he was working. He was sent to a state hospital and was paroled at the time of his father's death to attend the funeral. His second arrest was for grand larceny.

His father had been insane and both parents had died when he was very young, but he had had a good foster home. He had been a deserter from both the army and the navy and had had two residencies at St. Elizabeths Hospital in Washington, D. C.

*Larceny by conversion*—This was another offense like the one just cited, the arresting officers having determined what charges should be preferred in both cases, which explains the difference in terminology. This offender, a twenty-three-year-old colored boy, was also a case of dementia praecox of the hebephrenic type. He claimed amnesia for the offense. He had had one hospital residence, and two of his brothers were insane. His father and two uncles had tuberculosis.

Of the 83 cases studied, it was felt, after a thorough going over of their histories, that the mental condition of 71 was the direct cause of their having come into conflict with the law. In 85.5 per cent of the cases a direct relation was therefore found between the crime and the mental disease, and in only 12, or 14.5 per cent, was it felt that the crime was not a direct result of mental disorder.

To what extent the disposition of these cases by the judges coincided with the recommendations made by the clinic after a thorough personality study is shown in the following summaries:

| *Recommendations* | *Number* | *Disposition* | *Number* |
|---|---|---|---|
| Hospitalization | 50 | Hospitalized | 41 |
| Probation | 18 | Probation | 16 |
| Prison sentence | 6 | Prison sentence | 12 |
| Dismissal | 6 | Dismissed | 10 |
| Return to home state | 3 | Suspended sentence | 4 |
| Total | 83 | Total | 83 |

Out of 50 cases recommended for hospitalization, 41 were sent to a hospital. Of the 18 cases recommended for probation, 16 were so placed. For 6 of the cases prison sentence was recommended, but 12 were so disposed of. Against the 9 cases for whom dismissal or return to home state was recommended, 14 were either dismissed or received suspended sentence. It is a wholesome sign that the judges want such studies of prisoners made and follow out so closely the recommendations of the clinic.

Of the cases easily recognized as being of long standing, we have authentic information that at least 25 or 30 per cent had had previous hospital residence, and some of these several admissions. This seems of significance in so far as it demonstrates the inability of the praecox patient to adjust himself well once the disease has made definite progress.

Another interesting point about these cases is the number who were already known to other social agencies at the time of arrest. According to the charity registration bureau, we find the following number already registered:

| *Number of agencies* | *Number of patients* |
|---|---|
| 1 | 10 |
| 2 | 6 |
| 3 | 5 |
| 4 | 3 |
| 5 | 2 |
| 6 | 1 |
| 10 | 1 |
| 11 | 1 |

No doubt others had been in contact with agencies in other cities, but information on this point could not easily, if at all, be obtained. It is significant, however, that these individuals show in other ways than their antisocial conduct their inability to adjust to their environment.

## Conclusions

In conclusion, we believe that the contention of those authorities quoted above—namely, that the outbreak of the dementia-praecox patient is not attended with violence—is borne out by our findings. Just what types of mind commit crimes of violence cannot be discussed in a paper of this sort, but has well been shown in the reports of prison surveys made by The National Committee for Mental Hygiene.

From the statistics given, however, it is quite apparent that crimes of violence are not, except in rare instances, the type of outbreak of the dementia-praecox patient. In fact, most of those committed by the group studied were entirely without violence, only 3 of the 83 cases showing any evidence at all of violence. Two of these were "offenses against the person" and one an "offense against property with violence".

Three of the total number also were "offenses against property without violence". There was but one "offense against chastity", and six (non-support) "against the family". The remaining came in the "miscellaneous" and "offenses against the administration of government" groups, practically all of them being misdemeanors.

The conclusions to be drawn from such a study as this are manifold, but there are several so outstanding that they demand special consideration. First, it is quite obvious that the individual who is suffering from dementia praecox is incapacitated for adjusting in the complex society of present-day civilization. Secondly, since he is not able to adjust socially, it is not fair to consider him legally responsible for his conduct. Because of his mental disease and the resulting inability to get along in society, the dementia-praecox patient is subjected to frequent and unwarranted arrests which often terminate in prison sentences of from 30 to 90 days. At the expiration of his term he is again returned to society, only to go through the same vicious cycle of maladjustment, subsequent arrest, and prison sentence. Third and lastly, it is apparent that not only from a humane standpoint, but from an economic point of view as well, permanent hospital care should be provided for these individuals. This would insure the necessary medical treatment and observation, thus possibly preventing outbreaks of a serious nature. Here, also, such patients would have to live according to a regular routine, the value of which from a psychotherapeutic viewpoint is well known. Up-to-date hospitals for mental disorders also provide for their patients well-supervised occupational training, which has a definite therapeutic value. Furthermore, from the economic standpoint, permanent care would mean the elimination of the expense connected with arrests and court trials of mental patients of this type, as well as their removal from a society for which they are totally unfit.

# "GOOD" EDUCATION AND "BAD" CHILDREN*

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EVERY age has stressed the worth of education. Different centuries have emphasized special elements in the subjects to be taught and have singled out special groups in the community for education. The basic principles and philosophy of education have mirrored the outstanding principles and philosophies of various periods. Education has been a shibboleth, but it has had numerous meanings in terms of content, methods, and aims.

Educational traditions succeed one another; theories die, to be reborn under new names; practice develops with greater perfection of technic. A long stride was taken when the idea of training the so-called higher faculties supplanted the conception of education to eliminate the inherent evils of human nature. We have spiraled around Locke's idea of promoting bodily vigor, the virtues, and knowledge. We recur to this dominant thought that education's end is the formation of character, even though we reject his principle of character growth through mandatory, oppressive self-denial.

More than ever we appreciate Pestalozzi's plea for the organic education of individual children through the development of their innate intellectual and moral capacities. Nor should educators forget his message: "The teacher should respect the individuality of the child."

The ethical aim of education was given special stress by Herbart, who conceived the will as a mental function growing out of ideation and active experience. In the practical development of his theories, he emphasized the doctrine of interest, which called for specific attention to educational materials and methods of presentation.

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Finally there emerged Froebel's doctrine of self-activity, determined by the interests, motives, and capability of the self. The kindergarten originated as a place for child education in a child's world—but character remained its aim. Froebel advocated methods that involved present activity for present living rather than the acquiring of abstract principles to govern future conduct. The school was regarded as a place for the self-discovery of individuality and the self-direction of inherent powers through a purposeful life of play.

We have derived from Locke, Pestalozzi, Herbart, and Froebel the practical philosophy of modern aims in education. They were the leaders in presenting an evolutionary psychology of education. The scientific and sociologic movements in education have stressed educational content as necessary for securing such harmony in interest and effort as to facilitate the useful socialization of the school and its curriculum.

Modern educational discussions abound in references to school plant, platoon system, Dalton and Winnetka plans, and methodology and curriculum modifications for vocational guidance. During recent years there have been interesting developments in the way of medical inspection, school nurses, school lunches, and auxiliary class for crippled, blind, deaf, anemic, pre-tuberculous, and mentally defective children. Very recently there have been manifestations of interest in children of superior mentality and occasional expressions of interest in those with psychopathic trends. As a whole, however, objectives and aims have received less consideration than the psychology of the learning powers and methods of presentation. The psychology of receptivity has been somewhat slighted. Even the recent growth of psychometric tests has failed to give the leverage necessary to lift the lid of the educational treasury.

Studies in retardation, elimination, truancy, and disciplinary difficulties have tended to indicate that school failure is the unfortunate result of innate weakness on the part of the pupils. As a matter of conscience, such investigations constitute a challenge to our educational system. The defense of mass instruction and systemic inelasticity is insuffi-

cient. If large proportions of children are failures in our schools, the educational system is not good, regardless of the perfection of its curriculum or its technic of instruction. Nor is it fair to regard as "bad" those children who are misfits in the educational machine. Education is neither good nor bad; it is proper or improper, adequate or inadequate. And children are neither good nor bad; they are adequately or inadequately adjusted in their life relations, including the school system.

The psychologic trends of the day emphasize individual differences even more than group likenesses. Psychometric tests have dual values. The individual tests seek to evidence the differentiating mental make-ups of the children tested; group tests reveal comparative similarities of children. Group tests possess little worth for the fine appreciation of what a child takes to school, but aid in ascertaining what he has absorbed at school. The group tests are informative to intelligent teachers who are particularly interested in measuring the benefits of school teaching. To attempt to solve the problems of children on the basis of group tests alone is folly, but, unfortunately, it is a common practice.

Familiarity with mental dullness and mental deficiency has enabled the school to meet some of its responsibility by establishing ungraded classes. The superior child is now coming into the field of attention, although plans for his development are far from mature. Intellectual capacity thus has been made the guide for school adjustment. If, however, physical defect accompanies inferior or superior mental ability, the school adjustment becomes difficult.

What is to be said about the special adaptations for the great mass of children—those individual class units that are called average? They cannot be called good or bad, nor is their education good or bad. The individual reaction of each school child determines whether his training and school experience are adequate. I am mindful of the fact that schools do not control child life and experience, and that school maladjustment may arise from causes outside of the school. In order to be effective, the school conception of education for character must be broadened to encompass the elements educating childhood. I admit that this is a large

order and one that cannot be filled practically for many years to come. Certainly, the existence of visiting teachers indicates a recognition of the principle suggested.

At the last meeting of the National Education Association, a resolution was adopted stating, among other things: "We believe that the responsibility for character building must fall primarily upon the home. At the same time, teachers must, by precept and example, do everything possible to develop the highest type of character in the boys and girls under their influence." No one would gainsay the primary responsibility of the home, but, regrettably, homes are weak in appreciating their own opportunities for character building, and more and more tend to place their difficulties before school authorities. To regard the teacher's function as limited to precept and example is not enough. Education for character involves more concrete service than the personal behavior and the comments of teachers. The teacher is an instrument of the educational system and the system must have a definite program in order to achieve its educational aims. This does not mean that it has satisfied its obligation by instituting courses in ethics, the humanities, or moral education. The entire school must be saturated with moral purpose; subject matter and methods as well as teachers must possess character-building values.

If the school recognizes the home as the factor primarily responsible for developing character, a close coöperation between home and school is essential. Parent-teacher associations are too general in outlook and function to be specifically useful. The best agency available for the closer articulation of home and school is the visiting teacher, or, as she is called in England, the home-and-school visitor. The visiting teacher is not merely a coördinator, but an interpreter —not a visitor to the home and the school, but a teacher of the home and the school. Her work deals directly with children in their relation to home and school, but has to do essentially with the evolution of their personalities and characters.

Education in school involves the plant, the teaching personnel, the curriculum, the methods of teaching, the pupils, and the home. To omit all discussion of schools as physical

institutions, how good can education be with poorly trained teachers, unfamiliar with the psychology of childhood? Consideration of the human factor in teachers raises questions as to the educational worth of impulsive, sarcastic, irritable teachers, of the ill-humored, the emotionally unstable, the dry and non-motivating types. What is to be said of those with fixed, inelastic minds, non-progressive and non-professional in spirit? What is the effect of those without background, sympathy, or understanding, who have forgotten that they, too, were once young?

What pupil difficulties arise from maladaptations of the curriculum, from overemphasis upon formal subjects, from uniform requirements? What penalties do children pay because of poor methodology, the overloading of the teacher, insufficient instruction, and a lack of motivating equipment?

What is the effect of no home work and of too much of it, of failure to correct it and failure to base teaching upon evidenced class weakness? How do children react to demotion, repeating, skipping, and forced, unmerited promotion?

Such queries demand answer, in order that the character-forming values of schooling may be judged. But one cannot give generic answers; it all depends upon the particular child in question. As Pestalozzi pointed out, the individuality of the child must be respected.

Our present conception of individuality includes all the factors that enter into juvenile personality. The child is not an intellectual mechanism *per se*. His physical, emotional, and social life enters into, affects, and is conditioned by his intellectual life. All of the child goes to school—not merely his intellect. His mind is in the custody of his body and his body affects his mind. His emotions determine his application and exertions, and his interests influence his emotions. His social reactions guide his intelligence and his intelligence determines his social experiences. The educational system affects the totality of his being and his entire personality affects his school standing and his relations in the school. If there is a marked lack of harmony, he is a school failure, whether he be deemed good or bad. Who shall say with certainty where the blame must rest without a careful analysis

of his innate and acquired capacity, his emotional life, his physical organization, and his social milieu?

A keen-minded, sensitive child may be crushed by a sharp criticism that will stimulate a slow-minded, unemotional plodder. A myopic boy may be slow to grasp his daily tasks and, because of headaches, be restless and annoying in the classroom. A very aggressive boy may play truant to escape punishment for home work undone, or misbehave in order to be sent home. Disciplinary difficulties arise from causes attributable to internal disturbances or environmental disorders.

School maladjustment is not limited to those with weak mental endowments. It is probably less harmful in character development to the dullard than to those with highly organized, very superior cerebral endowment. According to Dewey, education is "the process of remaking experience, giving it a more socialized value through increased individual experience, by giving the individual better control over his own powers". Measured by this definition, much of our education may be regarded as inadequate.

Education has moved from things learned and learning processes to greater interest in the learner. At first the greatest amount of thought was spent upon particular faculties of the brain: memory, association, reasoning, and judgment. Then there was a transfer of interest to the child's brain as a learning machine—and now we have come to appreciate the importance of the child's physical organization, including his brain. The most recent development is the recognition of the entire child—composed of body, intellect, emotions, and social traits. This is a concept of the dynamics of childhood.

Medical inspection is an educational measure as well as part of a health program. Preventing and correcting defects and handicaps of the sense organs and the skeletal, pulmonary, and circulatory systems influences educational achievements and definitely affects children's lives in terms of vigor, interest, and happiness. The growth of special classes evidences the acknowledged adjustments requisite for meeting the needs of various groups of children.

Psychometric classification enhances the possibilities of

school progress for all children, but intellectual discriminations are inadequate to define personality. The intelligence quotient does not indicate quality or quantity of mental traits or their form of integration. Nevertheless, intelligence tests are being utilized more widely in the interests of children and their educational needs.

In the emotional realm the problems are more difficult: "bad" and "good" children are largely creatures of emotional determination. Measures are lacking to fix categories, but every teacher has had experience with a wide range of emotional difficulties. At times the school is at fault through the teacher, the method, the content, the discipline. The home may be the main source of difficulty; the mental potentials, whether high or low, may be responsible; the influence of the neighborhood, the movies, the window displays may be dominant. Physical weakness, ill health, or mere homeliness, may hamper school progress or acquiescence in school coöperation. The interrelations of innate and acquired tendencies, sentiments, and attitudes determine habits that are regarded as good or bad, depending upon the standards and *mores* of the teacher, school, or system. However, the educational world essentially is built for all children and not for any single child. And this is the crux of the situation. Individual children are dissimilar; schools endeavor to make them as similar as possible in the interest of social fitness. Similar educational facilities of the finest type cannot secure identical results in terms of child character or achievement. The child is dynamic. He is of all ages at any age. He is ever an individual.

Shakspeare's Seven Ages of Man are classic, but the ages of childhood are growing in popularity—chronologic age, anatomic age, physiologic age, mental age, pedagogic age, emotional age, and social age. To the degree that schools consider these ages in managing educational problems, they are overcoming the conceded weakness of school administration. Valuable evidence is accruing that reveals the worth of a rounded approach in decreasing educational maladjustments. Basing fundamental values upon inherent differences among children, commendable efforts are being made to adjust both curriculum and methods of teaching to various

large categories of children. Programs are becoming more elastic, content is broadened, and special opportunities are afforded to meet the particular abilities and disabilities of children in all fields of activity.

Undeniably, a large number of children will always constitute a challenge to education. Every age will produce generic difficulties, but in addition there will remain those incident to the variations of individuals. Without wishing to suggest a pessimistic outlook, I believe that the schools of the future will be threatened with far more serious problems than our schools have faced during this generation. Our humanitarian philanthropic service is increasing the number of children who will enter school with marked handicaps of body and mind.

The alteration in racial stock of our school children, especially emphasized in the decline of the birth rate among the economically independent and socially competent, suggests another phase of future educational readjustment. The decline of true family life, the mechanization of life, the speed of living, the shift of moral values presage new problems that cannot be solved by viewing children with suspicion, dread, or despair.

All the more reason, therefore, to scrutinize carefully and thoroughly the content, method, and aims of education. An ideal system does not exist, nor will it begin to have actuality until the individual child becomes the object of constructive solicitude. Further, terms like "good" and "bad" must be cast aside, especially as applied to children. Life is change, flux, movement; it is dynamic and increasing in its pressures. Education is a system, slowly moving, tending to be static. The education of children always lags behind their requirements, because children can and do alter more quickly than do traditions and philosophies, the institutions and customs that tend to make them what they are. In consequence, educational maladjustment is a permanent state; education and children will ever present disharmonies. "Bad" children are too often merely those who revolt against the bad in a good education. While "good" children may be those who simply accept the good in a bad education. At all events, the paramount issue is the child, rather than the education.

# REPORT ON A QUESTIONNAIRE STUDY OF PERSONALITY TRAITS WITH A COLLEGE GRADUATE GROUP*

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A RECENT number of MENTAL HYGIENE contained the report of a study by M. W. Peck and F. L. Wells entitled *On the Psycho-sexuality of College-Graduate Men.*[1] The group that answered the questionnaire on which this study was based also answered a questionnaire (not composed by the present writer) relative to more general personality traits. With respect to comparisons or other normative treatment, the form of this questionnaire was subject to the same limitations as governed the sex questionnaire already discussed. It was desired, however, to present some quantitative evaluation of these data, and a tabulation of them was made by Dr. C. O. Sappington in accordance with suggestions of the writer. This presentation is based upon data turned over to him by Dr. Sappington.

The questionnaire and the main classes of replies will first be summarized. Replies that occurred with a frequency of 5 per cent or more are quoted below. Classifications of less frequency than this are not quoted.

1. **Have any of your brothers, sisters, parents, uncles, aunts, or grandparents had any mental or nervous breakdowns?**
   No, 78 per cent; yes, 5 per cent.
2. **If so, who, how severe, and of how long duration?**
   Omitted, 79 per cent.
3. **Did they require hospital care?**
   Omitted, 78 per cent; no, 10 per cent; yes, 9 per cent.
4. **Did any commit suicide?**
   No, 60 per cent; unclassified, 37 per cent.

* The study reported in this article is part of a series of investigations made possible by the support of the Committee for Research on Sex Problems, Division of Medical Sciences, National Research Council.

[1] MENTAL HYGIENE, Vol. 7, pp. 697-714, October, 1923.

5. Mention any other nervous or mental manifestations in your relatives, such as "high-strung", "nervous", "peculiar", "delicate", "incompetent", "ne'er-do well", delinquent, criminal, crank, stupid, feebleminded, alcohol or drug addiction, stammering, tremors, muscular twitchings, convulsions, sick headaches, lonely, or retiring.

   Unclassified, 54 per cent; none, 14 per cent; "high strung", 7 per cent.

6. Are your parents living?

   Yes, 71 per cent; mother, 16 per cent; father, 9 per cent.

7. What is your father's occupation?

   Lawyer, 9 per cent; orchardist, 9 per cent; merchant, 5 per cent; manufacturer, 5 per cent; banker, 5 per cent.

8. Number of brothers and sisters, older or younger?

   No brothers, no sisters, 17 per cent; one sister younger, 7 per cent; one brother younger, 6 per cent; one sister older, 6 per cent.

9. Home circle consists of what members of family?

   Father, mother, brother, and sister, 19 per cent; father, mother, brother, 12 per cent; father and mother, 12 per cent.

10. Financial situation of family: straitened, comfortable, well-to-do?

    Comfortable, 78 per cent; well-to-do, 10 per cent; straitened, 6 per cent; omitted, 6 per cent.

11. How much time have you been away from home at school?

    Replies too scattered for quotation.

12. In summer vacations are your headquarters with your family?

    Yes, 63 per cent; no, 32 per cent.

13. Do you feel free and at ease in your home or constrained and discontented?

    Free and at ease, 79 per cent; constrained, 12 per cent.

14. Was your training by your parents indulgent or strict?

    Strict, 48 per cent; indulgent, 24 per cent; neither, 19 per cent.

15. Are your relations with your parents antagonistic, formal, frank, intimate, affectionate?

    Affectionate, 20 per cent; frank, 15 per cent; intimate and affectionate, 14 per cent; frank and affectionate, 10 per cent; intimate, 8 per cent.

16. Do you consider that your father is sympathetic with you? Your mother?

    Yes, 84 per cent (*sic*).

17. Where and when were you born?

    '01, 15 per cent; '00, 24 per cent; '99, 16 per cent; '98, 13 per cent; '97, 6 per cent.

18. Were you healthy or delicate during infancy?

    Healthy, 74 per cent; delicate, 20 per cent.

19. In childhood did you have any of the following nervous symptoms: bed wetting, thumb sucking, sleep walking, temper tantrums, night terrors, convulsions, St. Vitus' dance?

    None of these, 54 per cent; bed wetting, 12 per cent; unclassified, 9 per cent.

20. Did you mix with your schoolmates well, with average ease, poorly?

    Average ease, 53 per cent; well, 39 per cent.

21. Your college associates, well, with average ease, poorly?

    Average, 57 per cent; well, 40 per cent.

22. In what studies did you do best?
Mathematics, 12 per cent; economics, 8 per cent; languages, 7 per cent; sciences, 6 per cent.
23. In what did you do worst?
Languages, 22 per cent; mathematics, 19 per cent; science, 7 per cent.
24. What special reason, if any, did you have for entering college?
Definite reason, 74 per cent; no definite reason, 15 per cent.
(Questions 25 and 26 omitted; replies too scattered for quotation.)
27. Have you worked your way in whole or in part?
Worked part way, 57 per cent; worked whole way, 12 per cent; neither, 27 per cent.
28. Have you any special abilities or disabilities; mechanical, intellectual, artistic, athletic?
Athletic, 13 per cent; mechanical ability, 8 per cent.
29. If so, specify.
Omitted, 26 per cent; athletics, 9 per cent; music, 7 per cent.
30. What are your special interests and hobbies?
Out-door life, 8 per cent; athletics, 8 per cent.
31. Do you memorize by visualizing or hearing?
Visualizing, 71 per cent; visualizing and hearing, 16 per cent; hearing, 9 per cent.
32. Are you active, energetic, deliberate, easy-going?
Active, 25 per cent; deliberate, 19 per cent; energetic, 16 per cent; active, energetic, 10 per cent; easy-going, 8 per cent; energetic and deliberate, 5 per cent.
33. Do you enjoy meditation or always wish to be on the go?
Meditation, 46 per cent; on the go, 31 per cent.
34. Have you ever had nervous symptoms?
No, 64 per cent; yes, 31 per cent.
35. If so, what?
Omitted, 65 per cent; tremors, 9 per cent; uneasiness, 9 per cent.
36. Do you sleep well?
Yes, 93 per cent.
37. Do you talk or walk in your sleep?
No, 87 per cent.
38. Do you have anxious dreams?
No, 80 per cent; occasionally, 13 per cent.
39. Do you bite your nails or have other nervous habits?
Yes, 9 per cent; at times, 5 per cent.
40. Have you any special fears or dreads?
No, 80 per cent.
41. Do you worry about your physical health without sufficient cause?
No, 87 per cent; occasionally, 5 per cent; yes, 5 per cent.
42. Are you bothered by feelings of inadequacy to meet the demands of business and social life?
No, 60 per cent; occasionally, 19 per cent; yes, 17 per cent.
43. Are you confident, assertive, modest, shy?
Confident, 37 per cent; modest, 32 per cent; confident and modest, 8 per cent.
44. Are you given to daydreaming?
No, 45 per cent; occasionally, 30 per cent; yes, 22 per cent.

45. Are you absent-minded?
No, 80 per cent; occasionally, 13 per cent.
46. Do you make friends readily, with average ease, slowly?
Average, 58 per cent; readily, 33 per cent; slowly, 8 per cent.
47. Do you like to be alone?
No, 48 per cent; occasionally, 28 per cent; yes, 22 per cent.
48. Do you lose your temper easily?
No, 78 per cent; yes, 14 per cent.
49. Do petty annoyances and disappointments upset you easily?
No, 66 per cent; yes, 24 per cent; occasionally, 8 per cent.
50. Do you tend to sulk or quickly regain your composure after discomfiture?
Quickly regain, 80 per cent; sulk, 14 per cent.
51. Are you sensitive?
Yes, 56 per cent; no, 39 per cent.
52. In regard to what?
Praise, 26 per cent; others' opinions of my acts, 10 per cent.
53. Do you talk out your troubles frankly or keep them to yourself?
Talk out, 41 per cent; keep them to self, 49 per cent.
54. Do you easily feel slighted or badly treated?
No, 56 per cent; yes, 30 per cent; occasionally, 5 per cent.
55. Are you orderly or the reverse?
Orderly, 78 per cent; reverse, 13 per cent.
56. Can you talk easily before a group of people?
Yes, 55 per cent; no, 34 per cent; if known, 9 per cent.
56. Are you regarded as selfish or conceited?
No, 62 per cent; yes, 9 per cent; selfish, 8 per cent; conceited, 6 per cent.
58. Are you given to hero worship?
No, 64 per cent; yes, 25 per cent.
59. What type do you particularly admire?
Successful, 16 per cent; Roosevelt, 13 per cent.
60. Do you feel at ease in company of girls?
Yes, 83 per cent; no, 8 per cent; with other men, 7 per cent.
61. Do you enjoy dancing and other social activities?
Yes, 72 per cent; no, 8 per cent; if acquainted, 5 per cent.
62. Are you talkative or do you prefer to listen?
Listen, 49 per cent; talkative, 27 per cent.
63. Are you even-dispositioned or do you swing up and down?
Even, 61 per cent; swing up and down, 34 per cent.
64. Is your characteristic mood buoyant or sober?
Sober, 46 per cent; buoyant, 39 per cent.
65. Is your make-up excitable or calm?
Calm, 64 per cent; excitable, 28 per cent.
66. Have you ever had more than transient periods of depression or elation?
No, 87 per cent; yes, 6 per cent.
67. Have you had any serious disappointments or sorrows?
No, 64 per cent; yes, 35 per cent.
68. Do you meet them easily or with difficulty, as contrasted with your fellows?
Omitted, 61 per cent; easily, 22 per cent; with difficulty, 7 per cent; unclassified, 8 per cent.

69. What is your attitude in relation to this personality study?
Wish to know results, 7 per cent; doubtful about value, 6 per cent.
70. Interested—resentful—indifferent.
Interested, 82 per cent; indifferent, 8 per cent.

The above questions are very generally of a subjective nature, calling for self-estimates rather than for statements of fact. John as he sees himself differs from John as his neighbors see him in ways that have been more or less studied. These studies have borne out the fable of the two wallets—that John judges himself more leniently in regard to his failings than do his fellows. It is difficult to discount this "error", but it can probably be discounted to some extent by tactful phrasing of the questionnaire. In many cases, too, the questions are not of such a nature as to bring this difficulty greatly into play.

A special interest of data like the above lies in the relationship of traits among the individuals. It is only on the assumption of such interrelations of traits that a series of personality types can be formulated. The classification of humanity according to a series of definite types is a familiar device, resting partly on observation, largely on rhetoric, little on measurement. If such data as the present embody definite relationships between certain mental traits, they furnish not unneeded support for a series of personality types. Negative results are more equivocal, owing to coarseness and inaccuracies hardly separable from the questionnaire estimates.

From the material above summarized there were selected fifteen items among which a study of interrelationships might be of relative interest. The questions to be thus treated were the following:

13. Do you feel free and at ease in your home, or constrained and discontented?
14. Was your training by your parents indulgent or strict?
21. Did you mix with your college associates well, with average ease, poorly?
42. Are you bothered by feelings of inadequacy to meet the demands of business and social life?
43. Are you confident, assertive, modest, shy?
46. Do you make friends readily, with average ease, slowly?
47. Do you like to be alone?
48. Do you lose your temper easily?
49. Do petty annoyances and disappointments upset you easily?

50. Do you tend to sulk or quickly regain your composure after discomfiture?
53. Do you talk out your troubles frankly or keep them to yourself?
54. Do you easily feel slighted or badly treated?
56. Can you talk easily before a group of people?
62. Are you talkative or do you prefer to listen?
64. Is your characteristic mood buoyant or sober?

The relationships selected for examination were as follows, the questions being here designated by their serial numbers:

13-14; 13-21; 21-42; 21-46; 21-47; 21-48; 42-47; 46-54; 46-64; 47-53; 47-56; 56-62.

Statistical correlation methods are inapplicable to the present material. The items studied are verbal expressions, scarcely reducible to mathematical terms. The most practical procedure seemed to be to enumerate the combinations of various traits and compare the frequency of actual occurrence with the frequency of occurrence to be most expected by chance. Consider, for example, the first item listed above—the degree of free feeling at home as related to strictness of bringing up. From the present figures, it appears that 79 per cent feel free and at ease while 12 per cent feel constrained; 48 per cent feel strictly and 24 per cent indulgently brought up. Accordingly, if there is no relation of these factors, one would expect that of those who felt free, 48 per cent would represent strictness and 24 per cent indulgence, and similarly for those who felt constrained. In so far as the actual findings depart from these figures, the probability is that a definite relationship is at work. For the above case the results are as follows:

| | *Observed percentages* | | | |
|---|---|---|---|---|
| | First half of data | Second half of data | Total | *Total expectation* |
| Free—indulgent ..... | 9 | 7 | 16 | 19 |
| Free—strict ..... | 19 | 21 | 40 | 37 |
| Constrained—indulgent .... | 2 | 2 | 3 | 3 |
| Constrained—strict ..... | 2 | 4 | 7 | 5 |

From these figures it is apparent that the relationship between estimates of indulgence and strictness, on the one hand, and of freedom and constraint, on the other, is substantially that of chance. The indulgence or strictness re-

ported is without influence on the feeling of freedom or constraint.

The relationship of the figures concerned can be conveniently expressed as a ratio; thus, the per cent of "free-strict" cases above actually observed was 40. The per cent to be most expected by chance was 37. Accordingly, the observation was approximately 109 per cent of this chance expectation. If the observation is exactly at the greatest chance expectation, this percentage is 100. The farther away it moves from 100, the greater is the probability of a definite relationship other than chance.

In calculating relationships among the fifteen factors above mentioned, somewhat more than a hundred different pairs of responses were considered, and the ratio of observation to expectation was figured for each. The distribution of these ratios was as follows, for the 84 cases in which the number of observed pairs was five or more:

| 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 210 | 250 | 290 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | 3 | 2 | 9 | 14 | 18 | 8 | 9 | 4 | 2 | 3 | 2 | 1 | 2 | 1 | 1 | 1 |

Evidently the great majority of these relationships were such as would be produced by chance. The number of cases in each pair varies widely, as shown in the illustration cited above. Many of them it is unprofitable to consider further, but others may be cited more specifically, either because a special relationship is indicated or because it does not appear where other considerations might have led one to expect it.

Questions 13, 21

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Constrained at home, mixed with average ease.. | 9 | 114 |
| Constrained at home, mixed well..... | 3 | 60 |
| Free at home, mixed with average ease..... | 42 | 94 |
| Free at home, mixed well..... | 36 | 112 |

Constraint at home is relatively seldom combined with mixing well outside, but the other figures are attributable to chance. Replies of mixing "poorly" are too few for evaluation.

QUESTIONS 21, 42

| Combination | Per cent observed | Ratio of observation to expectation |
|---|---|---|
| Mixed with average ease, feelings of inadequacy | 14 | 145 |
| Mixed with average ease, no feeling of inadequacy | 29 | 86 |
| Mixed well, feelings of inadequacy | 3 | 50 |
| Mixed well, no feelings of inadequacy | 29 | 120 |

It almost goes without saying that those who report mixing well and feelings of inadequacy are but half the chance expectation. The fact that so many more than the chance expectation report feelings of inadequacy and mixing with average ease seems to mean that the responses give to the term "average ease" a rather generous interpretation.

QUESTIONS 21, 46

| Combination | Per cent observed | Ratio of observation to expectation |
|---|---|---|
| Mixed with average ease, makes friends with average ease | 39 | 120 |
| Mixed with average ease, makes friends readily. | 8 | 43 |
| Mixed with average ease, makes friends slowly.. | 7 | 150 |
| Mixed well, makes friends with average ease.. | 15 | 64 |
| Mixed well, makes friends readily | 27 | 180 |
| Mixed well, makes friends slowly | 1 | 33 |

"Mixing" and "making friends" are so nearly synonymous that perhaps only the crudeness of the method stands in the way of a much closer relationship than is here indicated. It is, however, noteworthy that the responses "mixed poorly" and "makes friends slowly" are both so infrequent that the chances, as such, are against their being found together, and actually no person who made either of these responses made the other.

QUESTIONS 21, 47

| Combination | Per cent observed | Ratio of observation to expectation |
|---|---|---|
| Mixed with average ease, likes to be alone.. | 14 | 109 |
| Mixed with average ease, does not like to be alone | 22 | 84 |
| Mixed with average ease, likes occasional solitude | 16 | 100 |
| Mixed well, likes to be alone | 7 | 81 |
| Mixed well, does not like to be alone | 25 | 128 |
| Mixed well, likes occasional solitude | 11 | 95 |

These are examples of figures that depart very slightly from chance expectation, but whose departures accord in direction with what personality study in general would lead one to look for. Such results may represent a stronger tendency, obscured by the crudeness of the method.

QUESTIONS 21, 48

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Mixed with average ease, loses temper easily... | 8 | 100 |
| Mixed with average ease, does not lose temper easily . . . . . | 45 | 100 |
| Mixed well, loses temper easily..... | 7 | 130 |
| Mixed well, does not lose temper easily..... | 31 | 100 |

Considering the liberal number of cases involved, there is a striking instance of chance relationship in the estimates.

QUESTIONS 42, 47

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Feelings of inadequacy, likes to be alone..... | 6 | 138 |
| Feelings of inadequacy, does not like to be alone. | 8 | 94 |
| Feelings of inadequacy, likes occasional solitude. | 2 | 44 |
| No feelings of inadequacy, likes to be alone.. | 11 | 77 |
| No feelings of inadequacy, does not like to be alone..... | 28 | 96 |
| No feelings of inadequacy, likes occasional solitude ..... | 20 | 119 |

The interest of these differences is in their progressive character rather than in their magnitude. Inadequate feelings are most related to the liking for solitude and least to the liking for occasional solitude (perhaps the most normal reaction); a person without inadequate feelings is conversely least given to a liking for solitude, and most to a liking for occasional solitude.

QUESTIONS 46, 54

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Makes friends with average ease, easily feels slighted. . . . . | 17 | 91 |
| Makes friends with average ease, does not easily feel slighted..... | 32 | 100 |
| Makes friends readily, easily feels slighted.. | 10 | 95 |
| Makes friends readily, does not easily feel slighted . . . . . | 20 | 109 |

The essential reason for inviting attention to these estimates is the lack of any but a chance relationship between them.

QUESTIONS 46, 64

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Makes friends with average ease, buoyant.... | 17 | 76 |
| Makes friends with average ease, sober..... | 28 | 108 |
| Makes friends readily, buoyant..... | 21 | 158 |
| Makes friends readily, sober..... | 8 | 54 |
| Makes friends slowly, sober..... | 7 | 217 |

People who regard themselves as buoyant naturally and not unjustifiably give a generous estimate of their ability to make friends. How far those who regard themselves as sober underestimate their capacity for making friends, and how far it is really less, cannot be objectively discussed from these data. However, more than twice the chance expectation of those who report themselves as making friends slowly give their general cast of mood as sober.

The responses to questions 43 and 49 (confidence or modesty as compared with tendency to be upset by trifles) seemed to combine essentially according to chance.

QUESTIONS 47, 53

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Likes to be alone, keeps troubles to self..... | 16 | 137 |
| Likes to be alone, talks out troubles..... | 6 | 65 |
| Does not like to be alone, keeps troubles to self . . . . ..... | 19 | 81 |
| Does not like to be alone, talks out troubles... | 18 | 92 |
| Likes occasional solitude, keeps troubles to self. | 14 | 104 |
| Likes occasional solitude, talks out troubles.. | 11 | 100 |

The critical position of those who like to be alone is the chief datum of these figures. The negative tendency of those who dislike solitude to keep troubles to themselves is the only other possible reflection.

QUESTIONS 47, 56

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Likes to be alone, talks easily..... | 11 | 91 |
| Likes to be alone, does not talk easily..... | 9 | 121 |
| Does not like to be alone, talks easily..... | 29 | 110 |
| Does not like to be alone, does not talk easily. | 15 | 90 |

As in questions 42, 47, the tendency of these figures is in the anticipated direction, but it is too slight for significance in itself.

QUESTIONS 56, 62

| *Combination* | *Per cent observed* | *Ratio of observation to expectation* |
|---|---|---|
| Talks easily, listener | 20 | 74 |
| Talks easily, talkative | 21 | 140 |
| Does not talk easily, listener | 25 | 153 |
| Does not talk easily, talkative | 2 | 29 |

Here, as in questions 21, 46, one is dealing with terms that are practically synonymous. Even so, nearly one-third of those who find that they do not talk easily report themselves as talkative.

There were a few cases in which the tabulations indicated a report of some attribute in marked excess. It was thought that these might furnish more significant data from the standpoint of related traits, and their records were specially examined, the original questionnaire responses being consulted. Thus, one of these cases replies in the following manner to the fifteen questions under discussion:

13. At home, free "and easy".
14. Parents exceedingly strict.
21. Mixed with average ease.
42. No feelings of inadequacy.
43. Confident and "assertive".
46. Makes friends with average ease.
47. Does not like to be alone.
48. "I'm a ——" (a nationality supposed to be quick-tempered).
49. Not easily upset by trifles.
50. "Make the most of things."
53. "Talk them out—get them out of my system."
54. "Never."
56. Talks easily before a group.
62. Talker and listener, "both".
64. Buoyant.

Such replies reflect a relatively extraverted personality, and it may be remarked that this was one of those who of his own accord affixed his name to the sex questionnaire previously reported. The above description may be compared with responses in substance as follows:

13. At home, discontented.
14. Parents strict.

21. Mixed with average ease.
42. Feelings of inadequacy—"many times".
43. "Incline to be retiring—but have overcome to great extent."
46. Makes friends readily.
47. Likes to be alone "at times, not a habit".
48. Loses temper rather easily "if not well".
49. Upset by trifles "more than they should".
50. "Tend to sulk."
53. Talks out troubles "if I find an understanding listener".
54. Feels slighted easily "to a fault".
56. "Depends on the group."
62. Talkative "naturally, but can control it".
64. Sober.

In the nine questionnaires thus observed, there is but one where, in effect, question 64 is answered "sober" and question 43 "confident". The opposite relationship is uniform. In the one exceptional case the detailed replies are:

13. Have no home properly speaking.
14. Parents strict.
21. Mixed with average ease.
42. No feelings of inadequacy.
43. Confident.
46. "If I so desire, I can make friends easily."
47. "Decidedly" likes to be alone.
48. "No" (loses temper easily).
49. Not upset by trifles.
50. "Not easily disturbed."
53. Keeps troubles to self "usually".
54. "No" (easily feel slighted).
56. Talks easily before a group "yes".
62. "Prefer to listen."
64. Sober.

A distinction is raised between soberness of disposition that is constitutional and that which is rather the result of "sobering" psychogenic factors. In three others of the present nine cases the questionnaire replies can be checked against a psychiatric study of the individuals, for example as follows:

*Questionnaire replies*

13. "Both, at times. Very often, however, have felt that it would be better for all concerned if I got away."
14. Parents very strict.
21. Well with intimate acquaintances, generally with average ease.
42. Feelings of inadequacy. "Yes, very much."
43. "I feel confident, and yet am quite shy."
46. Makes friends slowly.
47. "Generally, not always. Sometimes have a fear of being left alone."
48. "Used to, but have managed to control it."

49. "For a time, usually not more than two or three hours. If possible always play (music) at such a time."
50. "I tend to try to appear at ease."
53. "If I find some one who will understand, I prefer to talk them out."
54. (Slighted.) "Yes, but I don't show it."
56. Talks easily before a group.
62. "Prefer to listen."
64. Sober.

*Abstract of psychiatric observations*

A man of prepossessing appearance, always in vigorous physical health. Rather quiet child, more bookish than athletic, but mixed well, in no way odd. Prosperous home, but disharmony with mother, who was in poor health, chronic worrier, easily annoyed. Relations towards father satisfactory, and on surface no discord between parents. Discrimination in favor of an older brother, who was helping him with education, considerably distressed subject.

Academic record good in school and college; also took part in general activities. Good tennis player, swimming and chess teams. Little leisure for companionship, hence few intimate friends. Developed cultural tastes. Pianist of talent, once considering music as vocation. In early life oversensitive to ridicule, outgrowing it. Continent sex life, seems less highly sexed than average. A first attack of depression, precipitating factors unknown, lasted six months. No joy in anything, work an effort. Vague suicidal ideas. Since then, four similar depressed periods. Work was not given up, shows considerable doggedness in carrying on under them. Is at present out of them and doing well, though the outlook, with the history of rapidly recurring depressions at his age, is by no means a clear one.

In a second case, questionnaire data check less well with the personal observations unless one puts a premium on the traits recited under questions 13, 21, 46, 47, 50, and 54, and rather discounts those of questions 42, 48, and 49.

*Questionnaire replies*

13. Free at home "and easy".
14. Parents strict.
21. Mixed with average ease.
42. Feelings of inadequacy. "Yes".
43. Modest.
46. Makes friends with average ease.
47. Does not like to be alone.
48. Loses temper "quite" easily.
49. Upset by trifles "somewhat".
50. Regains composure "quite easily".
53. "Try to keep [troubles] to myself."
54. Does not easily feel slighted.
56. Talks easily before group—"not unless I know them".
62. "Prefer to listen."
64. "Rather sober, lately tend to be the opposite."

*Abstract of psychiatric observations*

Physiologically well developed, robust, quick-motioned. Normal childhood; studied little in school, mixed well. In college out for crew and

football, graduated *cum laude*, popular. At present social activities interfere with more serious work. Absence of definite ambitions. Regrets not studying medicine; brothers more successful than he. In mood, boisterous make-up; always buoyant when with friends (*cf.* above). Somewhat worried by isolation in graduate school. In general has found easy berths and made the most of them. Conscious of this tendency; somewhat self-depreciatory.

The third case is of particular interest. There is a marked distortion of the questionnaire replies, suggesting factors incidental to the subjective attitude at the time the replies were given.

*Questionnaire replies*

13. "At ease now. Am satisfied that they have my number and consequently there is nothing to hide."
14. Parents "very strict".
21. Mixed well.
42. Feelings of inadequacy—"somewhat; lack of endurance (health) does not permit my doing as many things as I would like to do".
43. Confident.
46. Makes friends readily.
47. Alone. "Yes; in my study room only."
48. "Quick-tempered, but I can control it."
49. "Am hardened to disappointments—annoyances do upset me rather easily."
50. Quickly regains composure.
53. Keeps troubles to self.
54. Feels slighted. "Frequently; too frequently."
56. "Yes, but do not think easily on my feet. Can deliver well a talk which has been somewhat prepared beforehand."
62. Talkative "in company with men"; prefers to listen "in company with women".
64. Buoyant.

*Abstract of psychiatric observations*

Subject desired to discuss periodic depressions. Appears of a type given to much self-study; many physical symptoms and hypochondriacal attitude towards them. Periods of buoyancy, in which he is active, ambitious, a leader, alternating with intervals of despondency. Somewhat promiscuous sexually, and considerable alcoholism. Often thought of suicide during depressions, once purchased a revolver, and again poison with this in mind. Characteristic account of mild manic-depressive episodes, with outlook for more serious attacks in the future.

It would appear that, when replying to the questionnaire, this individual was passing through one of his euphoric episodes. The very handwriting is of an exuberant "manic" type. There is no reflection in the content of the serious difficulties that have beset him before and since. Sources of error such as that here illustrated further restrict the

trustworthiness of questionnaire data to the more objective topics.

From these considerations it also follows that there are many factors to complicate the relationships between pairs of traits like those discussed above. Traits formulated as in the present questionnaire are in no sense "unit characters", but interact in ways that form the main problems of dynamic psychology. There emerge certain practical indications for future use of the method. It may serve two purposes: the better understanding of the individual as such, and the establishment of normative data. Each seems too significant to be quite sacrificed to the other, but a form of questionnaire calculated for either purpose is likely to defeat the other. The best working solution is probably a division of the questionnaire into two parts. One should have a definitely normative tendency. The questions should be so far as possible objective, matters of biographical fact, and the answers should be "controlled" (as in the questionnaire of the year following, now under study); that is, from a sufficient range of specified responses, the subject is instructed to choose that which is most applicable. The second part of the questionnaire should be concerned with getting the individual's own interpretation of his personality. The questions should serve mainly as guides to aid him in giving this. Such responses are specially limited by the available time, the subject's interest, and his powers of self-analysis. These responses are not intended for normative treatment, and the indication of the present study is that their usefulness in this direction is relatively small.

There is no intrinsic limit to the length of a questionnaire designed from a normative standpoint; but from that of individual study it can well be limited to the amount of detail that it is practicable for the examiner's mind to synthesize. From this point of view it is likely that the present questionnaire is over-long. It is hoped that the more "critical" questions may be determined somewhat as psychometric tests are selected for their critical values. By eliminating the less important, the questionnaire may well be reduced to a third its present length (including the sex questionnaire, previously reported) with gain rather than loss in significance.

# A GROUP OF PSYCHONEUROTIC EX-SERVICE MEN *

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THE chief conception of pathology held by medical men is that of abnormal alteration of tissues. While in the main a very fruitful concept, it tends to emphasize bodily organs and to neglect persons. A large proportion of the complaints of psychoneurotic patients refer to the lungs, heart, stomach, or some other bodily structure, only a small fraction of which are associated with discoverable somatic disease. The functional complaints, however, are dealt with by the general practitioner in the light of his conception of pathology, and he resorts to surgery or drugs for the relief of the patient whose intimate life problems need detailed study and readjustment. This is, in a general way, the reason why psychoneurotics are frequently misunderstood, and why they go from one physician to another in vain efforts to get relief; finally, they may go to the chiropractor, or join some creed or cult that will treat them superficially with sympathy and hope, but with no conception of a fundamental functional pathology. Major psychoses are usually recognized as such and properly hospitalized, but the psychoneurotics, with about half of their symptoms suggesting atypical somatic disease entities, constitute a real problem in diagnosis and treatment for the practitioner who has not had special training in psychiatry.

Psychoneuroses have been variously spoken of as borderline cases, minor psychoses, neurotic disorders, "nervous" cases, and to some extent as cases of chronic invalidism;

* This study presents the results of observations made at United States Veterans' Bureau Hospital No. 37, Waukesha, Wisconsin. The author is greatly indebted to his wife, whose assistance in the pursuance of the study was invaluable. He is indebted also to Surgeon Lawrence Kolb, of the United States Public Health Service, for his interest and encouragement and to Dr. Adolf Meyer for his kindness in constructively reviewing the manuscript.

during the late war, they were partly included in the group designated by the term "shell shock". Despite the many facts learned in the war, it appears that no new types of mental or nervous disease were brought to light. About two-thirds of all patients admitted to United States Veterans' Hospital No. 37 for the diagnosis and treatment of the milder forms of mental disease were classified as psychoneuroses.[1] One hundred and sixty-four ex-service men in this hospital were studied.[2] Fifty-six were hysterical; 54 neurasthenic; 42 were suffering from anxiety neuroses; and 12 were psychasthenic, or cases of compulsion-obsession neuroses. Hypochondriacal and traumatic cases were differentiated as rarer types.

To assist in diagnosis, each type was more or less defined and thus groups developed that possessed some factors in common. It is needless to say that within each of these groups there were marked individual differences which will be emphasized later in this study. The definitions[3] adhered to for the four chief types of psychoneuroses are as follows:

*Hysterical type:*

1. Neuropathic taint with many substitutive reactions entering into personality make-up.
2. Faulty inhibition of psycho-biological reactions.
3. Dysmnesic disorders—morbid repressions.
4. Conversions and substitutions—hysterical stigmata.

*Neurasthenic type:*

1. Minor evidence of neuropathic taint (faulty family history and evidenced in patient by early neuroticisms in personal history), but with progressive increase in acquired predisposition to social instability.
2. Frustrated ambitions and morbid dissatisfactions (usually more real than evident or apparent).
3. Fatigability and irritable weakness.
4. Faulty concentration, headaches, insomnia, sexual complexes.

*Anxiety type:*

1. Morbid predispositions to dreads, concerns, and anxieties.
2. Compensatory and unsaturated psycho-biological reactions.
3. Anxious expectation (*e.g.*, "sick in mind on seeing a funeral").
4. Physiopathies, evidenced in anxieties as actual correlatives of fear (vasomotor disturbance, tachycardia, hyperidrosis, etc.).

[1] See "Some Important Factors in the Hospital Treatment of Psychoneurotic Ex-service Men", by Thomas J. Heldt, M.D. *American Journal of Psychiatry*, Vol. 2, pp. 647-63, April, 1923.

[2] Most of these patients were personally known to the writer.

[3] Formulated by Dr. Thomas J. Heldt, Physician in Charge of the Neuropsychiatric Division of the Henry Ford Hospital, Detroit, Michigan.

*Psychasthenic type:*

1. Congenital and endogenous predisposition. (Psychasthenics are "born not made".—Purves Stewart.)
2. *Distressing* mental anergia and irresolution.
3. Obsessions, imperious acts, and imperious ideas.
4. Phobias with characteristic "obsessive, ruminative tension".

Upon admission to the hospital, the patient's history was taken, and mental and physical examinations were made. He was carefully observed from every standpoint over a considerable time, during which social-work investigations and other sources of information were utilized. After a detailed study, the ultimate diagnosis was finally agreed upon by the members of the hospital staff at a time just prior to the patient's discharge from the hospital. In this study the facts will be presented not in the chronological order of their occurrence in the lives of patients, but in certain units, or under certain logical headings. In so far as it is possible, the psychoneurotic patients will be compared with normal people and with persons suffering from psychoses.

## Observations on Families

In taking the family history, chief emphasis was placed upon eliciting facts as to maladaptations and outspoken mental diseases. We feel that the natural tendency on the part of patients would be to minimize this factor and that the information secured is certainly not an exaggeration of the facts. In about half of the whole group, nothing was found in the family histories to suggest the presence of nervous or mental disease. In the psychasthenic group, however, only one patient's family seemed to be free from mental disorder. Table I gives a survey of facts from the family histories.

Among the brothers and sisters of the patients, the incidence of psychoses and functional nervous disorders was 46.9 per 1,000 at the time the histories were taken. In strong contrast to this, the observed incidence for the same disorders for the whole United States in the first million recruits [1] for

[1] See *Physical Examination of the First Million Draft Recruits: Methods and Results*, by A. G. Love and C. B. Davenport. (War Department Bulletin No. 11.) Washington: Government Printing Office, 1919.

the World War was 1.06 per 1,000. Among the fathers of all the patients there were 44 instances of nervousness,[1] and 4 psychoses. Of the mothers, there were 32 who were definitely nervous, and one who was psychotic. Of uncles and aunts, 19 were reported to be nervous, while 11 were known to have had psychoses.[2]

TABLE I. INCIDENCE OF MENTAL DISEASE IN THE FAMILIES OF PATIENTS WITH PSYCHONEUROSES

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases | 164 | 56 | 54 | 42 | 12 |
| Number in whose family histories nothing was found | 72 | 25 | 25 | 21 | 1 |
| Instances of "nervousness"* in families of patients (excluding patients themselves) | 140 | 42 | 43 | 30 | 25 |
| Instances of psychoses** in families of patients | 19 | 8 | 3 | 6 | 2 |

* "Nervousness" here includes marked peculiarity, excessive restlessness, outstanding invalidism, and conduct disorders, all of which interfered with life, exclusive of psychoses.

** Psychoses were considered as such only in case of admission to a state hospital or a similar institution.

The psychoneurotic patient apparently comes of stock or circumstances, or both, that tend to produce maladjusting types in relative abundance, but comparatively few psychoses. Of course, however, the group here discussed is made up of young people and the number of psychoses among them may increase with advancing years. Though not lending themselves to exact comparison, the data of Canavan,[3] when compared with our data on psychoneuroses, are interesting. These patients come of very prolific stock. Table II shows that the parents of the psychoneurotic patients are almost twice as prolific as the parents with dementia præcox, and certainly very much more prolific than the average non-psychotic.

[1] The term "nervousness" is used in the same sense here as in Table I.

[2] For studies of families in which psychoses occurred, see "Psychiatric Family Studies", by A. Myerson, M.D. *American Journal of Insanity*, Vol. 73, pp. 355-486, January, 1917; also "A Study of Neuropathic Inheritance", by F. Mott, M.D. *American Journal of Insanity*, Vol. 69, pp. 907-38, Special Number, 1913.

[3] See *The Mental Health of 581 Offspring of Non-psychotic Parents*, by Myrtelle M. Canavan, M.D., and Rosamond Clark. MENTAL HYGIENE, Vol. 7, pp. 770-78, October, 1923.

TABLE II. COMPARISON OF OFFSPRING

| | *Parents with dementia praecox (Canavan)* | *Parents of patients with psycho-neuroses* | *Non-psychotic parents (Canavan)* |
|---|---|---|---|
| Number of matings | 136 | 158 | 145 |
| Number of children | 463 | 986 | 581 |
| Normal | 295 | 603 | 355 |
| Dead | 86 | 180 | 81 |
| Backward, nervous, conduct disorders (combined)* | 60 | 203 | 32 |
| Insane | 5 | 1 | 1 |

*Backward, nervous, and conduct disorders of Canavan's table are compared with the "nervous" of Table I.

*Additional facts with regard to family.*—Marital incompatibility occurs for various reasons. It may be one of the many forms of failure to adjust in the society in which we live. Among the parents of the patients studied, 7.3 per cent had separated and divorced, a very high rate. Two out of five of the homes from which the psychasthenic patients came were broken up by separation or divorce. Nine and one-tenth per cent of the fathers of the patients were definitely alcoholic, the greatest incidence occurring again in the psychasthenic group, in which the highest rate for divorce and separation was found.

The tendency of the parents of the patients to survive is about equal for all of the groups except the psychasthenic, in which fewest of the parents had died. The explanation that suggests itself is the relative youth of the psychasthenic patients as compared with the other types. Thirty per cent of the parents of the psychoneurotic patients had died before the patients were admitted to the hospital. In the parentage of the neurasthenics, there was a marked tendency for the mother to outlive the father, suggesting the possibility of weakness in the paternal stock.

Of all the psychoneurotic patients, 11.6 per cent were foreign born. The hysterical group contained the largest number of foreign born. The United States Census for 1920 shows that 7.8 per cent of all white males of the age group to which these patients belong are foreign born. One of the many factors tending to the maladaptation spoken of as a

psychoneurosis may lie in the attempt to adjust to new customs in a foreign land.

Of the entire group, there were only six instances in which the patient was the only child in the family. Thus the "only child" neurosis appears from these data to be far less frequent than one would be led to believe by the emphasis given to this point in the literature of the last few years. There seemed to be a tendency for the older children of the family to become psychoneurotic. The average number of children in the families from which these patients came was 6.2. The neurasthenics came from the largest families. According to Canavan's study,[1] dementia-præcox parents produce average families of 3.4 children and non-psychotic parents produce average families of 4. The average number of children per native white mother, according to the United States Census of 1920, is 3.2, and for foreign-born mothers of our population it is 4.0. If reproductive proclivities are transmitted to offspring, the prolificness of the stock from which the psychoneurotic patient comes gives weight to the theory that sex may play some rôle in the mechanism of these disorders.

Table III (page 134) gives the data from which many of the foregoing statements were made.

### Neurotic Traits of Childhood

From birth, and possibly even long before birth, there are fundamental differences in the behavior of people. On the one hand are infants that are irritable, restless, and overresponsive to ordinary stimuli; on the other hand are the peaceful, contented, not easily disturbed children. A survey of outstanding neurotic traits was made in one psychoneurotic group, and though there were probably some traits that escaped the survey, those that were found were of interest and represent some of the first evidences of adaptive failure.

In about half of all of the cases—46.9 per cent—none of the so-called neurotic traits of childhood were elicited. The psychasthenic patients showed the greatest number of such traits. The neurasthenic group, on the contrary, showed fewer neurotic traits than the other groups. In this connec-

[1] See note 3, page 131.

tion it may be suggested that disturbances of *élan vital,* which would probably be the chief neurotic trait in the neurasthenic patient, were overlooked except in so far as studies of school and occupation gave evidence of less achievement. Careful study of the play life of the neurasthenic would probably also reveal interesting individual differences.

TABLE III. FACTS ABOUT PARENTS, BIRTH, AND FAMILY

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Per cent of parents of patients known to be separated and divorced* | 7.3 | 7.1 | 0 | 7.1 | 41.7 |
| Per cent of fathers of patients known to be alcoholic ..... | 9.1 | 8.9 | 5.6 | 4.8 | 41.7 |
| Per cent of parents of patients dead** ..... | 30.0 | 31.7 | 28.3 | 30.0 | 12.5 |
| Per cent of patients foreign born† ..... | 11.6 | 17.9 | 11.1 | 7.1 | 0 |
| Instances of patient being the only child.... | 6 | 2 | 1 | 1 | 2 |
| Average number of children in family from which patients came.. | 6.2 | 6.1 | 7.0 | 5.8 | 4.8 |
| Instances in which patients are from families of 10 or more children‡ ..... | 25 | 9 | 10 | 6 | 0 |
| Per cent of patients who were one of first three born ..... | 57.8 | 53.0 | 46.4 | 61.3 | 100 |

* According to the United States Census of 1920, 0.6 per cent of all males fifteen years of age or over are divorced.

** Deaths of fathers and of mothers were about equal except in the case of the neurasthenic patients, among whom the death rate for fathers was higher.

† According to the United States Census of 1920, 0.6 per cent of all males fifteen years old are foreign-born whites.

‡ There were four instances of families of fifteen children.

Bed wetting was present in 15.8 per cent of the entire group, being the most frequently recorded behavior anomaly of childhood. The average age up to which bed wetting occurred was slightly over nine. In one case bed wetting persisted until thirty-two years of age. In 8 per cent of the entire group shyness, or some closely allied trait, was present, being next to bed wetting in frequency. This was

relatively more frequent in the psychasthenic type. The following neurotic traits were found; they are listed in the order of their frequency, with the types of psychoneuroses in connection with which they occurred. We have designated hysteria by h; neurasthenia by n; anxiety by a; and psychasthenia by p.

| | |
|---|---|
| 1. Bed wetting: h, 10; n, 9; a, 6; p, 1. | Total instances, 26 |
| 2. Seclusive, shy, timid, bashful, very quiet: h, 6; n, 3; a, 2; p, 2. | Total instances, 13 |
| 3. Night terrors: h, 6; n, 2; a, 1. | Total instances, 9 |
| 4. Stammering: h, 5; n, 1; a, 3. | Total instances, 9 |
| 5. Sickly, frail, but without a definite disease: h, 3; n, 4; a, 1; p, 1. | Total instances, 9 |
| 6. Marked fear of dark and various things: h, 4; a, 3; p, 2. | Total instances, 9 |
| 7. Sleepwalking: h, 6; a, 1. | Total instances, 7 |
| 8. Biting nails: h, 2; n, 3; a, 1. | Total instances, 6 |
| 9. Attended school irregularly (truant): n, 1; a, 1; p, 3. | Total instances, 5 |
| 10. Fretful, crying much: h, 5. | Total instances, 5 |
| 11. Over-indulgence in fights: h, 5. | Total instances, 5 |
| 12. Temper tantrums: h, 3; a, 1. | Total instances, 4 |

The following traits occur three times each:

13. Trouble with teacher: h, 1; a, 1; p, 1.
14. Sucked thumb excessively: h, 1; n, 1; a, 1.
15. Unmanageable: a, 1; p, 2.
16. Bookworm: p, 3.

The following were found twice each:

17. Extremely active (nervous): h, 2.
18. Slow to talk: a, 1; p, 1.
19. Not interested in play: a, 1; p, 1.

Peculiarities that occurred once each were as follows:

20. Extreme dislike of physiology: h, 1.
21. Stopped school and did nothing, without reason: h, 1.
22. Read cheap novels abundantly: h, 1.
23. Had to learn to walk at nine after a disease: h, 1.
24. Ran away from home at fifteen: h, 1.
25. Fussy about food: h, 1.
26. Convulsions: h, 1.
27. Went under false name as a child: h, 1.
28. Hurt frequently: h, 1.
29. Marked shame at five: h, 1.
30. Domineering at school: n, 1.
31. Clung to mother: a, 1.
32. Left school all day at seven years to play with a girl: a, 1.
33. Horror of ridicule: a, 1.

34. Worry over studies: a, 1.
35. Held breath when angry: a, 1.
36. Felt like two different people: p, 1.
37. Used alcohol and drugs as a child: p, 1.

Table IV gives a summary of the facts as to neurotic traits.

TABLE IV. NEUROTIC TRAITS OF CHILDHOOD

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Per cent in which no neurotic traits were elicited ..... | 46.9 | 33.9 | 64.8 | 50.0 | 16.7 |
| Rank as regards average number of neurotic traits in patients with such traits (1=most traits per person)*... | | 2 | 4 | 3 | 1 |

* Worry and restlessness predominate in anxiety type; fear traits predominate in psychasthenic type.

The foregoing survey presents rather gross anomalies in developing childhood. The display of one or more early neurotic traits is not necessarily pathognomonic of mental disease. There are many people adapting well in society who had one or more of them in early life. From recent studies of Thom,[1] Glueck,[2] and others, one may justly infer that subtle deviations of *anlagen* for social and economic adjustment may escape observation unless these early behavior difficulties are studied in their minutiæ.

## SCHOOL ATTAINMENT

With the advent of school life, various new kinds of adjustment become necessary which up to that time have not been emphasized. The child is initiated into responsibility of an occupational character. School affords an opportunity to develop social qualities, and the intelligence of the child is put to the test. He soon learns to profit by school or to hate it; he goes forward or he drops out.

[1] See "Does Your Child Have Temper Tantrums?", by Douglas A. Thom, M.D. *Mental Hygiene Bulletin*, Vol. 2, No. 1, January, 1924; also in *Habit Training for Children*. New York: The National Committee for Mental Hygiene, 1924.

[2] "The Concept 'Nervous Child'", by Bernard Glueck, M.D. *American Journal of Psychiatry*, Vol. 3, pp. 515-26, January, 1924.

The school attainments of our entire group show that, on the average, the seventh grade of the public school was finished.[1] The anxiety group had on the whole gone farther in school than the others, but the psychasthenic patients were very near to them in school achievement. For the entire group there was a much higher degree of retardation than of acceleration in school work. Again, the anxiety type was retarded least, while the psychasthenic patients were apparently retarded most. There were 24 of the whole group who were retarded over two years in their school work. Table V summarizes the school records of the entire group.

TABLE V. SCHOOL PROGRESS

| | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|
| Number of cases | 56 | 54 | 42 | 12 |
| Rank with regard to farthest average advance in school grades (1=greatest advance)* | 3 | 4 | 1 | 2 |
| Rank with regard to least average retardation** in school (1=least retarded) | 2 | 3 | 1 | 4 |

* The entire group averaged very slightly more than completion of the seventh grade.

** Unless otherwise stated, by retardation here is meant a failure to make a grade per year in school.

This survey reinforces the observation that anxiety neuroses are usually found in people of ability superior to that of sufferers from the other psychoneuroses. By comparison, the neurasthenics show at this early stage in their existence a certain inability to struggle forward, as shown by their rank in school achievement. Psychoneurotics are not feeble-minded. They make adequate responses when subjected to a cross-section sampling process by a psychological test; but in the longitudinal test of life, many show very early the lack of aggression and energy, or certain emotional handicaps, which are deleterious to success in life.

## SEX ADAPTATIONS

The past few decades have greatly emphasized the importance of sex in mental disease; especially has this been

[1] This finding corresponds very closely with the results of the study made by Hollingworth.

brought to the front in the writings of Freud and his followers. It is not our aim in this paper to favor any view, but merely to present impartially what facts have been collected about the sexual life of the patients.

Roughly, one-fifth—22.7 per cent—of the 119 patients from whom information on this point was secured denied onanism or masturbation. More of the neurasthenic and anxiety groups denied this practice than of the others. The usual age of beginning onanism for all types of psychoneurotic patients was between fourteen and fifteen, but the distribution of those of the neurasthenic group who masturbated covered a longer span of life. In other words, there were members of the neurasthenic group who began the practice earlier in life and ceased it later than in the other groups. The same tendency obtained for the anxiety group. About one-fifth—21.8 per cent—of all those who practiced masturbation practiced it over three years of their life. More of the anxiety and neurasthenic types persisted in this practice over three years than of the others. The age of first experiencing heterosexual relations ranged from the seventh to the nineteenth years. Generally speaking, the psychasthenic and anxiety groups had such experiences later in life. There were very few of each type who denied heterosexual relations. The anxiety group stood out as definitely having experienced heterosexual relations less frequently than the others. There seemed to be some correlation between the tendency to abstinence and the frequency of depressive moods. About one-fourth—24.4 per cent—of all the patients had had a venereal infection at some time or other. The per cent of infections was greatest among the hysterical group and least among the psychasthenics.

Thirty-one and seven-tenths per cent of all the patients were or had been married. More of the hysterical type had had experience of marriage than any other type. For the comparable age groups, there are only about half as many marriages among these psychoneurotic patients as there are among the general population of the same age.[1] The per cent of widowed and divorced in our whole psychoneurotic group is 5.5 per cent, the highest number of widowed and

[1] United States Census of 1920.

divorced occurring in the neurasthenic group. The rate for divorced and widowed [1] in the United States for comparable ages is .9 to 1.6 per cent, thus making the rate at which homes are broken up among these psychoneurotic patients much higher than it is in the general population. Table VI gives in summary form the chief facts obtained from a study of sexual and sex-social behavior in our group.

TABLE VI. SEXUAL AND SEX-SOCIAL BEHAVIOR

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Per cent practicing onanism at one time or another* ..... | 77.3 | 81.8 | 71.4 | 75.8 | 85.7 |
| Average age at which onanism began** .... | 14.+ | 13.3 | 14.2 | 14.2 | 14.0 |
| Per cent of those practicing onanism who followed the practice over three years** ..... | 21.8 | 14.3 | 20.7 | 30.3 | 18.2 |
| Average age of first heterosexual experience† ..... | 16.8 | 16.7 | 16.0 | 17.4 | 19.0 |
| Per cent having had venereal infection‡ at one time or another.. | 24.4 | 28.3 | 22.2 | 24.4 | 16.7 |
| Per cent having experienced marriage¶.. | 31.7 | 37.5 | 31.5 | 28.6 | 16.7 |
| Per cent widowed and divorced§ ..... | 5.5 | 7.1 | 7.4 | 2.4 | 0 |

* Data on 119 cases.
** Data on 92 cases.
† Data on 118 cases.
‡ Largely Neisser infections.
¶ According to the United States Census of 1920, 59.7 per cent of males aged twenty-seven and 63.3 per cent of males aged twenty-eight are married.
§ United States Census, 1920, gives the following percentages of widowed and divorced among white males:

| | |
|---|---|
| Aged twenty-four..... | .9 per cent |
| Aged twenty-seven..... | 1.4 per cent |
| Aged twenty-eight..... | 1.6 per cent |

The study of Peck and Wells [2] on the psycho-sexual behavior of college graduates (men) is interesting in comparison. The average age of the men they studied was probably

[1] In the United States Census of 1920, widowed and divorced are combined.

[2] *On the Psycho-sexuality of College Graduate Men*, by Martin W. Peck, M.D., and F. L. Wells. MENTAL HYGIENE, Vol. 7, pp. 697-714, October, 1923.

near twenty-two. The college men apparently practiced onanism more freely than the psychoneurotic group, began the practice at about the same age, and apparently more of the college men masturbated over three years of their life. The average age of beginning heterosexual relations seemed somewhat later for the college men, and fewer indulged in heterosexual practices than was the case in our psychoneurotic group.

### Occupation

One's relation to one's work is such an important aspect of life that special consideration of this topic is deemed essential. In reviewing the neurotic traits of childhood, differences in play activity and available energy are apparent. Unfavorable responses to school life are among the earliest reactions to responsibility. The occupational career proper may begin as an alternative to marked disgust with school or result from the desire to avoid unpleasant responsibilities. The fault here does not lie entirely with the individual. The common desire of parents to have their children get on in the world without the struggle they themselves had is insidiously planted, to bring forth in later years a crop of "bad luck" and peculiar notions of workmanship and service. The "white-collar job" and numerous other concepts that tend to stratify society are sometimes developed out of an early disproportion between ambitions and occupational habits.

*Pre-war occupational history.*—The pre-war occupational period is defined as the time between leaving school and entering the military forces of the United States on or after the beginning of the World War. In the case of men who had never gone to school, the age of fourteen was arbitrarily taken as equivalent to the age of leaving school. The average pre-war period calculated for our psychoneurotic group was 8.8 years, the longest work period being for the neurasthenic patients and the shortest for the psychasthenic, who were the youngest of the four types studied. From 8 to 15 per cent of the whole pre-war period was spent out of work. The psychasthenics did relatively less work in their pre-war occupational period than the others.

From the findings of broad surveys,[1] it has been calculated that seven days per year is about the average time that sickness prevents work. Thus it is apparent that in the case of these psychoneurotic patients there had been much more loss of time than can be explained by average illness.

Psychoneurotic patients of all types changed jobs rather frequently. In fact, 24 per cent of the whole group had held eleven or more jobs each in the pre-war occupational period. The average length of time that a patient held a job was not more than 18.5 months. Patients of the psychasthenic and hysterical types changed employment most frequently, while the neurasthenics changed least.

About one-third—32.5 per cent—made radical changes in the character of their work. For example, if in the pre-war period a man went from garbage collecting to work as a bell hop, or from farm labor to work as a seaman, the transition was considered a radical change. The hysterical group made the greatest number of such radical changes and the neurasthenic group the least number. The psychasthenic and hysteric groups changed localities most often in quest of a change of employment. The anxiety group—supposed to be restless by nature, and seeking outlets in travel from place to place—changed localities less than the other types in the pre-war period. Change of locality is a method of adaptation for inefficient, restless workers and for those who feel persecuted and move on to keep out of the way of their imaginary enemies. Frank persecutory trends were elicited in very few of our psychoneurotic group. The nearest approach to such trends were stories of "bad luck" and of being "almost successful". In the face of such feelings, the psychoneurotic behavior tended to become crystallized.

Of the whole psychoneurotic group, 36.8 per cent had made some effort to better their work status: that is, they made efforts toward promotion by study and by seeking positions that offered opportunity for advancement. The anxiety group had made the greatest effort to advance themselves in their work, while the neurasthenic patients had made the

[1] See *Some Recent Morbidity Data*, compiled by Margaret L. Stecker from results of surveys by Lee K. Frankel and Louis I. Dublin. New York: Metropolitan Life Insurance Company, 1919.

least effort. This again adds weight to the theory that the anxiety type occurs among relatively superior types of people.[1] Certainly there is enough evidence to show that the neurasthenic patient was in process of making in the period before the war. Finally, when a survey of the earning power of the four groups is made, it is found that the anxiety group again ranks first, while the psychasthenics rank fourth. A summary of the facts as to the occupational adjustments of our group during the pre-war period is given in Table VII.

TABLE VII. PRE-WAR OCCUPATIONAL ADJUSTMENTS

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Total average pre-war occupational period in years* ..... | 8.8 | 8.7 | 10.5 | 8.0 | 5.5 |
| Rank with regard to frequency of changing employment: (1=most frequent)** ..... | | 2 | 4 | 3 | 1 |
| Rank with regard to changing locality: (1=most frequent) .... | | 2 | 3 | 4 | 1 |
| Per cent making a radical change in type of work ..... | 32.5 | 41 | 23 | 34 | 33 |
| Per cent making a definite effort to better their work status..... | 36.8 | 43 | 25 | 44 | 33 |
| Rank with regard to maximum earning power per month (1=most earning power). | | 2 | 3 | 1 | 4 |

* From 8 to 15 per cent of this period was spent out of work. Less than 2 per cent is the average sickness rate for the rank and file of society.

** The average time for holding one job is not over 18.5 months for the entire group.

*Post-war occupational history.*—The post-war occupational period is defined as the time between discharge from the military forces of the United States, from the enlistment that included the World War, and the time of entering United States Veterans' Hospital No. 37. This period, of course, included hospitalizations in other hospitals. This post-war period for our group averaged 31.7 months. Approximately

[1] See "War Neuroses", by John T. MacCurdy, M.D. *Psychiatric Bulletin*, Vol. 2, pp. 243-354, July, 1917.

32 per cent of the post-war period of the entire group was accounted for by actual employment. The character of the occupational efforts of the group had changed in many ways.

During this post-war period the anxiety group changed jobs most frequently and the psychasthenic changed least—an interesting contrast with their pre-war record. Eighteen per cent of all the patients held no jobs after discharge from military service, an indication of their marked tendency to disability. The psychasthenic group, who changed jobs less frequently, ventured into distant communities when they did change; whereas the anxiety patients changed employment often, but remained in the same neighborhoods.

TABLE VIII. POST-WAR OCCUPATIONAL ADJUSTMENT

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Average post-war occupational period in months* ..... | 31.7 | 33 | 30.2 | 33.1 | 30 |
| Rank with regard to frequency of changing employment (1=most frequent) ..... | | 2 | 3 | 1 | 4 |
| Rank with regard to changing locality (1=most frequent)** .... | | 3 | 2 | 4 | 1 |
| Per cent making a radical change in type of work† ..... | 20.3 | 34.5 | 11.5 | 12.2 | 25.0 |
| Per cent making a definite effort to better their work status†.... | 11.8 | 1.3 | 5.6 | 19.5 | 8.3 |
| Rank with regard to maximum earning power (1=most earning power)§ ..... | | 4 | 2 | 1 | 3 |

* From 63 to 83 per cent of the post-war period was not occupied by work.

** The psychasthenic patients show a tendency to travel about, while the anxiety type tends to remain in the same neighborhood.

† These figures indicate less effort than in the pre-war period.

§ The hysterical type seems most incapacitated. All are relatively incapacitated as compared with pre-war period.

In the post-war period, about one-fifth—20.3 per cent—of the entire group made radical changes in the type of work they pursued. The hysterical patients made the greatest number of such changes, contrasting most markedly with the

neurasthenics. The anxiety group again made the greatest effort to better their work status. After the war the hysterical group did relatively little to better themselves at work. All of the psychoneurotic patients made far less effort to advance themselves than they had made prior to the war. The anxiety group again had the maximum earning power, contrasting strongly with the hysteric group, whose usefulness seemed to have been most impaired by the war. Table VIII (page 143) summarizes the data on the post-war occupational period for this group. It presents an interesting contrast to Table VII.

TABLE IX. ANALYSIS OF OCCUPATIONAL TENDENCIES

| | *Per cent of males* in each occupation group by 1920 United States Census* | *Per cent of all psychoneurotic patients in each occupational group* |
|---|---|---|
| 1. Agriculture, forestry, and animal husbandry | 29.8 | 14.6 |
| 2. Extraction of minerals | 3.3 | 1.2 |
| 3. Manufacturing and mechanical industries | 32.9 | 38.9 |
| 4. Transportation | 8.6 | 7.3 |
| 5. Trade | 10.8 | 8.5 |
| 6. Public service | 2.3 | 1.8 |
| 7. Professional service | 3.4 | 4.3 |
| 8. Domestic and personal service | 3.7 | 4.9 |
| 9. Clerical occupations | 5.1 | 12.3 |
| 10. (Students) | .... | (6.1) |
| Total | 100.0 | 100.0 |

* Ten years of age and over.

*Comparison of pre-war and post-war periods.*—If the pre-war and post-war periods are carefully compared, it will be seen that the effect of military service has been, in most instances, to bring into relief occupational propensities existent early in life. This does not argue that these psychoneurotic patients were not injured by the war. In fact, it would seem that they were injured more than normally adaptive people and in directions in which their previous histories show them to be none too stable.

*Occupational choices.*—It was difficult to tell what some patients called their occupations because of the diversity of their work. In many respects changing occupations was their

best method of adaptation, suggesting the consequences that may follow in their rehabilitation when they will be expected to follow one type of work. Usually, however, the patient gave as his vocation the thing he had done longest or most successfully. An analysis of the occupational tendencies of these patients is given in Table IX, which groups the types of work according to the United States Census classification.

Apparently the proportion of psychoneurotic patients engaged in agriculture and allied occupations is lower than is the quota of the general population so engaged. Probably no occupation has such broad limits within which adaptation can be made as agriculture. There is a strong tendency in the psychoneurotic group to enter manufacturing and especially mechanical industries. They also try to enter clerical occupations. The general tendency of the group is to have vague and sometimes fantastic ambitions, but to do comparatively little to bring them to realization. In a survey of the occupational ambitions of patients, about one-third had attempted to pursue occupations in which failure was inevitable or in which adjustment would have been extremely difficult.

From the therapeutic standpoint, wise and guardianlike vocational guidance is of the greatest importance. The occupational therapist should study the occupational history of patients in such terms that the therapy will have a much broader meaning than the mere manipulation of materials by the hour.[1]

### Military Life

The military life of these men represents the circumstances around which their psychoneuroses crystallized. For this reason, a survey of the facts of their military life would seem essential. According to an unofficial estimate, the percentage of men who enlisted (as against being drafted) was 26.4 per cent of the whole military force. These psychoneurotic patients enlisted to the extent of 66.8 per cent. This may give some idea of the suggestibility, as well as the compensatory behavior, of the group. The average military service for all

[1] See "A Study in Occupational Therapy for Psychoneuroses", by L. H. Ziegler, M.D. *Archives of Occupational Therapy*, Vol. 1, pp. 457-72, December, 1922.

this group was 16.8 months. This average period is only a few months less than the length of our participation in the war (nineteen months and four days).

Slightly over two-thirds—68.3 per cent—of these men saw foreign service, the anxiety group furnishing the highest percentage of overseas recruits. Participation in military activities was arbitrarily classified as active or inactive. Active warfare was defined as front-line duty, exposure to shell fire, or to other dangerous conditions, such as explosions. Forty-three and nine-tenths per cent of all of these men had had some experience of active warfare, the anxiety group again contributing most and the psychasthenic group least. About one-seventh of all of the men had been wounded by shrapnel or bullets or had been gassed. The wounds were not always serious, but were enough to leave visible scars and were recorded on the discharge papers. No patient was considered gassed unless it was so recorded on his discharge papers or he gave a conclusive history on this point. Over one-fifth of the anxiety group—21.4 per cent—had received wounds or had been gassed. Over three-fourths of all of the whole group—77.4 per cent—had been hospitalized during military service, the psychasthenic and the hysteric patients having practically all been in the hospital at some time or other. Furthermore, those who were hospitalized had been hospitalized on an average of twice each and for a total period of about a month. The psychasthenic and hysterical types had been hospitalized most frequently and had spent more of their military life in the hospital than the others.

The highest officer (captain) of the entire group showed an anxiety neurosis. The anxiety group contained the highest percentage of commissioned and non-commissioned officers. The number of commissioned officers in the entire group compares favorably with the finding of a similar study by Hollingworth[1] made at Plattsburg. The percentage of commissioned officers found in this psychoneurotic group is apparently less than the percentage of officers in the whole military force.

During military service about one-tenth of these patients were court-martialled for one offense or another. One-fourth

[1] See *The Psychology of Functional Neuroses*, by H. L. Hollingworth. New York: D. Appleton and Company, 1920.

of the psychasthenic group and one-eighth of the hysteric had so offended. These offenses are expressions of the inability to adapt characteristic of the psychoneurotic type.

Table X summarizes the main facts in the military histories of this group.

TABLE X. MILITARY HISTORY

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Per cent enlisting (as against being drafted)* | 66.8 | 73.2 | 55.5 | 70.— | 83.3 |
| Average military service in months** ..... | 16.8 | 19.0 | 16.1 | 16.4 | 11.3 |
| Per cent sent overseas.. | 68.3 | 64.3 | 70.4 | 73.8 | 58.3 |
| Per cent engaged in active warfare ..... | 43.9 | 46.4 | 35.2 | 57.1 | 25.0 |
| Per cent wounded or gassed† ..... | 14.6 | 12.5 | 11.1 | 21.4 | 16.7 |
| Per cent hospitalized in military service ..... | 77.4 | 92.9 | 64.3 | 76.8 | 100 |
| Average number of times hospitalized in military period ..... | 2.— | 2.1 | 1.9 | 1.6 | 3.2 |
| Average time spent in hospitals while in military service (in months) ..... | .98— | 1.4 | .96 | .75 | 1.5 |
| Per cent of commissioned officers (army)‡ | 3.0— | 0.0 | 3.7 | 4.7 | 8.3 |
| Per cent court-martialled in military service.... | 9.1 | 12.5 | 3.7 | 7.1 | 25.0 |

* Twenty of the entire group were in the navy or the Marines. Twenty-six and four-tenths is the estimated percentage of voluntary enlistments in the whole military force.

** The duration of our country's participation in the war was 19 months, 4 days—from April 6, 1917, to November 11, 1918.

† Some gunshot or shrapnel wounds were slight.

‡ From 5 to 6 per cent of the whole army are commissioned officers.

## DEVELOPMENT OF PRESENT ILLNESS

These men were hospitalized because they felt unable to carry on at their former occupations or at any others that they had tried. They usually were able to attribute their present illness to some former disease or some accident in military life, or to the general strain of military service. It is quite a natural phenomenon to rationalize as to the causes of illness, and though the conclusions that these patients drew

may not always have been correct, it is interesting, in the light of the evolution of their symptoms and signs, to know their own ideas on this particular point. Table XI summarizes the opinions of the patients themselves as to the causes of their disabilities.

TABLE XI. PATIENTS' OPINIONS AS TO CAUSES OF ILLNESS

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Per cent thought due to infections; influenza, pneumonia, etc. ("never the same after them") | 17.7 | 26.8 | 11.1+ | 16.7 | 8.3 |
| Per cent due to accident or injury (usually minor in nature)..... | 10.9 | 14.3 | 11.1+ | 4.8 | 16.7 |
| Per cent due to general strain of military service: heat, distressing sights, exposure, strenuous activity ..... | 59.2 | 41.1 | 66.6 | 69.0 | 75.0 |
| Per cent due to actual gunshot or shrapnel wounds, or gassing*.. | 9.8 | 10.7 | 11.1+ | 9.5 | 0 |
| Per cent that thought they were gassed, but with no evidence whatsoever ..... | 1.8 | 5.3 | 0 | 0 | 0 |
| No cause known, but sudden onset ..... | 0.6 | 1.8 | 0 | 0 | 0 |

* Two psychasthenics were wounded slightly, but did not attribute any relation of wounds to present illness.

According to Table XI, rather general causes for the present illness seem to preponderate in the minds of these patients. The belief that damage resulted from the general hardships of military life was very common. This explanation, with a very sound basis, is interesting because it gives diffuse rather than specific causes and probably portrays the development of a socialized attitude toward the illness, which mechanism, after all, is not confined to psychoneurotic patients, but is a favorite method of rationalization employed by them.

Upon admission to the hospital, the average age of one group was 27.6 years. The psychasthenic patients were the

youngest of the entire group. Since discharge from military service, the hysteric group had been hospitalized a greater number of times and for longer periods per patient than any of the other groups. This tendency to hospitalization on the part of the hysteric group is surpassed only by the constitutional psychopathic inferiors[1] studied by Visher. The anxiety patients were hospitalized least, which again must impress one with their relative stability as compared with the other types of psychoneurotic.

Many forms of treatment have been used to bring about recovery in such patients. It is not our aim here to discuss the relative value of one form of treatment over another, but merely to point out instances in which the concept of the disability was such as to cause resort to major surgery for possible relief. Of the entire group, 18.3 per cent,[2] had received major operations prior to admission to United States Veterans' Hospital No. 37, largely for the relief of psychoneurotic symptoms. Such surgical measures were generally not fruitful. Approximately one-fourth—24.1 per cent—of the neurasthenics had had at least one major operation. No survey of the frequency of major operations has been made for the general population, but it is thought to be a much lower figure. One must also take into account the fact that if as many women had been subjected to the same examinations, probably a still higher percentage would have received major surgical treatment. These facts are in no way a reflection on the efforts of surgery, but should emphasize the importance of detecting the psychoneurotic element in patients, for the relief of which surgery can usually do very little.

The psychoneurotic features vary greatly from patient to patient. In some they are evident as soon as one sees the patient or has been with him a short while. In others they must be elicited by questioning and are revealed only through the description of feelings and infirmities given by the patient. The observable feature may be a tic, a speech defect,

[1] A *Study in Constitutional Psychopathic Inferiority*, by J. W. Visher, M.D. MENTAL HYGIENE, Vol. 6, pp. 729-45, October, 1922.

[2] Many of these patients had been in general hospitals before coming to the neuropsychiatric hospital.

a limp (rarely a functional paralysis), a peculiar gait, or an outstanding peculiarity of posture or of facial expression. A layman could have detected such neurotic manifestations in 22.5 per cent of these men after being with them a short time. This was especially true of the anxiety type. Table XII summarizes the foregoing data as to present illness.

TABLE XII. PERSONAL AND PRESENT ILLNESS DATA

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of cases..... | 164 | 56 | 54 | 42 | 12 |
| Average age at time of admission to U. S. Veterans' Hospital No. 37 ..... | 27.6 | 27.5 | 28.4 | 28.2 | 23.7 |
| Average post-war hospitalization in months at time study was made. | - | 7.0 | 6.2 | 6.8 | 6.0 |
| Rank with regard to number of post-war hospitalizations (1= most)* ..... | - | 1 | 2 | 4 | 3 |
| Per cent in whom psychoneurosis is evident upon seeing or being with patient a short time ..... | 22.5 | 25.0 | 13.0 | 30.9 | 25.0 |
| Per cent that had had one or more major surgical operations ... | 18.3 | 19.6 | 24.1 | 14.3 | 0 |

* Two and three-tenths was the average number of hospitalizations per person for the whole group.

On entering the hospital, the patients spontaneously made complaints, which were classified according to the bodily system to which they referred, as suggested by Dejerine and Gaukler.[1] Table XIII gives the distribution of complaints according to the systems mentioned above.

From this table one is led to believe that psychoneurotic patients make more complaints than persons who have only clearly defined somatic diseases. Probably this has been the reason why psychoneurotic patients are sometimes spoken of as "complainers". The nervous and psychic type of com-

[1] See *The Psychoneuroses and Their Treatment by Psychotherapy*, by Professor J. J. Dejerine and Dr. E. Gaukler. Translated by Smith Ely Jelliffe. Second English edition. Philadelphia: J. B. Lippincott Company, 1915.

plaints predominate, amounting to half or more of all the symptoms. This is a significant fact in the detection and differential diagnosis of psychoneurotic manifestations, especially if they are associated with a strong tendency to complain, which is inclined to vary a little from day to day. The following twelve complaints occurred with the greatest frequency and in the order in which they are given:

1. Pain or ache, or soreness, in some extremity or joint of the body (exclusive of the head).
2. Nervousness, restlessness, excitability; sensitiveness to noises.
3. Sleeplessness.
4. Headache, or peculiar feelings in the head.
5. Weakness; fatigability.
6. Distress in abdomen due to gas, or peculiar feelings in abdomen.
7. Dizzy spells, with specks before the eyes.
8. Tremors (usually periodic).
9. Pain or peculiar sensations in chest (excluding precordium).
10. Pain or discomfort over precordium.
11. Shortness of breath, or choking sensation.
12. Speech defects (stuttering, stammering).

TABLE XIII. SPONTANEOUS COMPLAINTS CLASSIFIED BY SYSTEM TO WHICH THEY REFERRED

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of patients.... | 164 | 56 | 54 | 42 | 12 |
| 1. With digestive tract complaints ..... | 75 | 20 | 41 | 12 | 2 |
| 2. With urinary system complaints ..... | 13 | 6 | 3 | 3 | 1 |
| 3. With genital system complaints ..... | 73 | 26 | 31 | 13 | 3 |
| 4. With respiratory system complaints..... | 46 | 12 | 16 | 16 | 2 |
| 5. With vascular system complaints ..... | 21 | 8 | 5 | 7 | 1 |
| 6. With skin complaints | 54 | 28 | 16 | 6 | 4 |
| 7. With neuro-muscular-system complaints.. | 70 | 23 | 27 | 13 | 7 |
| 8. With sensibility and sense - organ complaints ..... | 25 | 8 | 11 | 6 | 0 |
| 9. With nervous and psychic complaints.. | 484 | 138 | 132 | 162 | 52 |
| Total complaints. | 861 | 269 | 282 | 238 | 72 |
| Average number of complaints per patient... | 5.3 | 4.8 | 5.2 | 5.7 | 6.0 |

The belief is held in some quarters that somatic disease is the cause of psychoneurotic behavior. The functional nature of certain diseases, however, is being recognized more and more and the "one cause—one disease" idea has been subject to some revision. Heldt,[1] Covey,[2] Dana,[3] and others have collected data on the organic diseases associated with the psychoneuroses. Among our group certain somatic disorders were mentioned in the complete diagnosis of the patient's disability, and these are classified in Table XIV, as in Table XIII, according to the system to which they belong. In Table XIV, however, under the heading of "diffuse and endocrine" such disorders as poor physique, thyroid enlargement, positive Wassermann without apparent lesions, and the like, were classified.

TABLE XIV. INSTANCES OF ORGANIC FINDINGS BY SYSTEMS

| | *Total* | *Hysteria* | *Neurasthenia* | *Anxiety* | *Psychasthenia* |
|---|---|---|---|---|---|
| Number of patients.... | 164 | 56 | 54 | 42 | 12 |
| Per cent with no organic findings worthy of mention in diagnosis..... | 61.6 | 66.1 | 66.6 | 50.0 | 58.3 |
| Digestive tract..... | 23 | 8 | 8 | 6 | 1 |
| Urinary system..... | 6 | 2 | 2 | 2 | 0 |
| Genital system..... | 12 | 4 | 4 | 2 | 2 |
| Respiratory system..... | 32 | 17 | 7 | 4 | 4 |
| Vascular system ..... | 19 | 8 | 7 | 4 | 0 |
| Skin ..... | 5 | 0 | 4 | 1 | 0 |
| Neuro-muscular system. | 18 | 5 | 7 | 4 | 2 |
| Sensibility and sense-organ defects*..... | 37 | 17 | 9 | 7 | 4 |
| Nervous and psychic.... | 6 | 6 | 0 | 0 | 0 |
| Diffuse and endocrine... | 18 | 7 | 10 | 0 | 1 |
| Total somatic disorders | 176 | 74 | 58 | 30 | 14 |

* Instances of hyperopia or astigmatism unnoticed by patient.

The seven most common somatic disorders found in the order of their frequency are:

[1] See note, page 129.

[2] See "Organic Conditions Associated with the Psychoneuroses", by C. B. Covey, M.D. *New York Medical Journal*, Vol. 114, pp. 583-84, November 16, 1921.

[3] See "The Somatic Causes of Psychoneuroses", by Charles L. Dana, M.D. *Journal of the American Medical Association*, Vol. 74, pp. 1139-43, April 24, 1920.

1. Hyperopia, myopia, astigmatism.
2. Chronic pulmonary tuberculosis (arrested).
3. Chronic catarrhal otitis media.
4. Pyorrhœa alveolaris.
5. Pes planus.
6. Thyroid enlargement with or without evidence of hyperthyroidism.
7. Bronchitis, chronic.

None of the men gave evidence of hallucinations. If delusions projected beyond themselves were present, they were very skillfully concealed. Occasionally ideas of reference were noted; ideas of influence were rarely found.

As treatment of these men progressed, brief summaries were made of their psycho-biological characteristics, from three to five words or short phrases being recorded for each patient. These summaries form a most interesting collection of characterizing traits. They are given below for each psycho-neurotic type, with the number of times that each characteristic occurred.

*Traits used to characterize the 56 individuals of the hysterical type:*

Restless, 15; irritable, 14; emotional, 9; depressed, unhappy, 7; unwilling or disinclined to work, or poor work habits, 7; complaining, 6; hypersensitive, 4; inferior, 4; introspective, 3; dependent, 3; egotistic, 3; grouchy, 2; ambitionless, 2; over-aggressive, 2; having fixed, inelastic conceptions, 2; adept excuse making, 2; defective moral sense, 2; craving sympathy, 2; seclusive, 2; childish, 2; fault-finding, 2; shiftless, 2; lacking initiative, 2; weeping easily, 2; thinking of self, 2; cynical, 2; bashful, 2; suggestible, 2; spoiled child, 2; impulsive, 2; anxious or worried about self, 2; unwilling to accept responsibility, 2; discrepancy between ambition and accomplishment, 2. The following occurred once each: dishonest, over-refined, simple, meek, easily satisfied, crude, ignorant, nonsocial, floating, unable to plan, lacking aggression, over-ambitious, fussy, fearless, proud, hot-tempered, indifferent, broody, over-serious, stubborn, quiet, reserved, reticent, awkward, dreamer, leaning on illness, reacting to failure by moving on, revels in phantasies, self-pity, forlorn, outspoken fear reaction, strange religious ideas, selfish, suspicious.

*Traits used to characterize the 54 individuals of the neurasthenic type:*

Complaining, 15; restless, 14; quiet, 12; periodically depressive, 12; irritable, 9; lacking initiative, 8; emotional instability, 8; lacking in energy, 7; lacking ambition, 3; indifferent, 3; "pepless", 3; emotional, 3; suggestible, 3; reserved, 3; seclusive, 3; over-sensitive, 3; bashful, 2; obstinate, 2; selfish, 2; broody, 2; slow, 2; forceless, 2; lacking leadership, 2; unaggressive, 2; dependent, 2; passive, 2; docile, 2; anxious, 2; worrying about self, 2. The following occurred once each: floating, "lay-down" reaction, shiftless, submissive, apathetic, receptive, lazy, weak, no energy for work, shirking responsibility, frail, "weak sister", hot-tempered, craving sympathy, invalid type, self-pity, inferior, backward, retiring, over-friendly, over-coöperative, over-refined, tense, spoiled child, ignorant, timid, lacking self-assertion, introspective, "sitting-around type", weeping easily, inactive, sluggish, dissatisfied.

*Traits used to characterize the 42 individuals of the anxiety type:*

Restless, 21; tense, 17; irritable, 14; periodically blue and depressed, 9; worrying, 8; over-sensitive, 7; self-conscious, 7; unstable, 5; over-serious, 4; selfish, 3; introspective, 3; impulsive, 3; uncertain of things, 2; unaggressive, 2; thinking of self, 2. One each of the following: disinclined to work, submissive, regressive, afraid, anxious, easily disgusted, dread of future, obsessed, feeling of being different, mental dread, childish emotions, quiet, over-active, given to fixed ideas, timid, suspicious, complaining, disagreeable, asocial, over-pleasant.

*Traits used to characterize the 12 individuals of the psychasthenic type:*

Restless, 8; irritable, 6; depressed periods, 6; unstable, 3; peculiar, 3; flimsy, 3; selfish, 2; egotistic, 2; egocentric, 2; fragile, 2; fearful, 2. One each of the following: fixed ideas, seclusive, over-energetic, indecisive, labile, no discriminating sense, emotional, very changeable, worrying, impulsive.

Some attention to these traits reveals the fact that a great variety of rather heterogeneous characteristics—many of which suggest emotional immaturity—were recorded in the brief descriptive summaries for the hysterical type. The presence of incompatible combinations appears to make for disability. There are many restless, irritable, or emotional people in general society, but they are well balanced by some positive quality. In the normal person any of these traits is offset by the presence of some valuable characteristic.

The neurasthenic patients are characterized by a kind of withdrawal from things—a failure to project themselves properly. They resemble in some respects larval stupors, or even mild depressions, especially the retarded depressions. The patient with an anxiety neurosis is restless, tense, irritable. He takes the world seriously and is much on guard. One feels that he blows up his energy "under the friction of a frown". It would be interesting to trace him through life to see if, in later years, he may be the victim of an agitated depression. The neurasthenic and anxiety groups seem most alike, on the one hand, while the psychasthenic and hysterical groups seem to have certain resemblances.

The concept of hysteria has undergone some changes since Hippocrates described it as due to displacements of the uterus in adult women, and even since Lepois thought that it might be present in the male sex. Beard's neurasthenia is not a nerve weakness in the true sense of the word, but a way of behaving quite as characteristic as elation or depression. The anxiety neurosis has been well named because the name implies what the disorder is. It was described by Freud in

1895 as a sub-group under the neurasthenic type. Psychasthenia, the last to be differentiated, was named by Janet in 1903, and implies *weak mind.* Many psychasthenics have very active minds, but they do not direct their energy well. Compulsion-obsession neurosis is a better name for this group.

Each patient is a problem in himself. Such a survey as this emphasizes the truth of the dictum that we are treating people and not diseases—possibly treating personalities that have become uneasy for reasons that cannot be stated in formulæ, but that must be uncovered by researches into the genesis of each individual's behavior. From the whole study the inference may be drawn that individuals who have become psycho-biologically inadequate from one or another set of influences—whether such influences be constitutional or acquired or both—are striving to get on in the world and their illness is not unlike the pain and the muscle spasm of appendicitis—a mechanism of defense.

## Summary

1. The average physician's concept of pathology is such as to give him little understanding of the psychoneurotic patient, who may wander far astray in his quest for relief.

2. A study was made of a group of 164 psychoneurotic ex-service men of the hysterical, neurasthenic, anxiety, and psychasthenic (compulsion-obsession) types.

3. These psychoneurotic patients came of very prolific stock, which showed some evidence of maladaptation and which tended to produce nervous types.

4. There were only six instances of only children, but there was a tendency for the psychoneurotic patients to be the oldest children of large families.

5. About half showed none of the so-called neurotic traits of childhood. Bed wetting was the most common trait.

6. The average school attainment of the group was completion of the seventh grade of public school. Retardation was more common than acceleration in school achievement.

7. One-fifth of all the group denied masturbation. Nearly all had experienced heterosexual relations. About one-fifth had had venereal disease. Marriage was much less frequent

among them than in the same age groups of the general population.

8. Before the war these patients lost much more time from work than is explained by normal illness rates. They changed jobs and localities quite often and many made no unusual effort to better themselves.

9. After the war they made less effort to help themselves than before and pre-war occupational shortcomings were brought into bold relief.

10. A large per cent enlisted early in the war, were sent overseas, saw active warfare, and were hospitalized in service. The group produced less than the normal quota of officers.

11. The general strain of war service was the most common cause given by the patients for their disability.

12. A rather high percentage of the patients had received surgical treatment for the relief of psychoneurotic symptoms.

13. About half of the complaints of the patients referred to bodily structures; only a small fraction of these complaints were based on discoverable organic disease.

14. The behavior of the psychoneurotic patient is not unlike the pain and the muscle spasm in appendicitis—a mechanism of defense.

# WALTER ELMORE FERNALD

ON THE 27th of November, Dr. Walter E. Fernald, superintendent of the Massachusetts School for the Feebleminded at Waverley, died of pneumonia after a brief illness. To readers of this journal it is unnecessary to point out what a loss has been suffered not only by The National Committee for Mental Hygiene, but by the whole mental-hygiene movement, in which Dr. Fernald was one of the most active and influential workers.

Dr. Fernald was born in Kittery, Maine, in 1859. He graduated at the New Hampton (N. H.) Literary Institute and took his medical degree at the Medical School of Maine (Bowdoin) in 1881. In 1913 he received the honorary degree of master of arts from Harvard University. He served as assistant physician in the State Insane Hospital at Mendota, Wisconsin, from 1882 until 1887, when he accepted the position at the Massachusetts School for the Feebleminded which he held at the time of his death. He was also associate professor of mental diseases at Tufts College and lecturer on mental diseases of children at the Harvard University Graduate School of Education.

While he was concerned primarily with work in the field of mental deficiency, there was no phase of the mental-hygiene movement in which Dr. Fernald was not interested. He was one of the earliest members of The National Committee for Mental Hygiene and one of its leading spirits. At the time of his death, he was chairman of its advisory committee on mental deficiency and a member of its executive committee. From the beginning he served as a member of the executive committee of the Massachusetts Society for Mental Hygiene. He was president of the Massachusetts Society of Psychiatry and of the Boston School of Occupational Therapy. He had just retired from the presidency of the New England Society of Psychiatry and had twice been president of the American Association for the Study of the Feebleminded.

As an authority on mental deficiency, Dr. Fernald had an international reputation. He was widely sought as a lecturer and as a contributor of articles on various aspects of his subject. In an extraordinary way he combined abilities that made it possible for him to deal effectively with the varied problems to be met in the field of mental deficiency. He contributed to the institutional problems in this field, the medical, the educational, the social, and to the problems of psychopathological research. In the building of his institution he developed principles that will continue to guide others who are planning similar institutions. The result at Waverley is an institution peculiarly adapted physically to its purpose.

Realizing that progress could not be made in the field of mental deficiency until the presence or absence of such deficiency could be more accurately determined, he set about finding a method of examination that would differentiate feeblemindedness from other conditions with which it could easily be confused. Although he valued highly psychometric tests, he was convinced that a diagnosis of mental deficiency could not be made upon these alone, and developed his now well-known "Ten Fields of Inquiry" which embrace not only the findings of the psychological examination, but the pupil's family, personal, and developmental history, school progress, school test, practical knowledge, economic efficiency, social history and traits, moral reactions, and general physical condition.

With the diagnosis made and the child a member of the institution family, what was to be done? The answer was a plan of education and training devised to meet the needs and abilities of those under his charge. The education of each child, based upon the most careful examination and observation, was specially planned. Each child was carried as far in the usual school curriculum as his intelligence quotient indicated that he could go with profit, but past this point the time neither of the pupil nor of the teacher was wasted, but the training was continued along vocational lines suited to the abilities of the child. In the field of special education Dr. Fernald made some of his most important contributions,

although, except to specialists, these are less well known than others.

Dr. Fernald's vision was as large as his understanding. He was one of the first to point out the important relationship between mental disease and delinquency, dependency, and other social problems. With his experience in the training of mentally defective children, he gave up an earlier position that every feebleminded child is a potential delinquent, coming to realize that the delinquency was largely a matter of social neglect. The problem, he came to believe, was one of early identification, special training—either in the public schools or institutions—and supervision. A state-wide program embracing these and other features is now in effect in Massachusetts. Dr. Fernald was sponsor for the law that provides in Massachusetts for the state-wide examination of school children three years or more retarded and the organization of the traveling clinics that now reach all parts of the state.

Dr. Fernald was also sponsor for the law which defined "defective delinquent" and provided commitment and segregation of these individuals in a special institution at Bridgewater, thus relieving the schools for the feebleminded of individuals for whom they were not designed and could not assimilate and at the same time protecting those defective individuals from incarceration in prisons in which they did not belong, from which they could not profit.

*The Waverley Researches in the Pathology of the Feebleminded,* which Dr. Fernald edited in collaboration with the late Dr. E. E. Southard and Dr. Annie E. Taft, had been completed through its thirtieth number at the time of his death and much more work had been planned.

Dr. Fernald was not an advocate of sterilization as a social solution of the problem of the feebleminded; his investigations had led him to believe both that heredity does not play as important a part in the production of mental deficiency as has been assigned to it and that the mentally defective are not necessarily a social menace. He believed, also, that sterilization was likely to create more problems than it solved.

He looked upon the defective children in his care not as so much human waste, with which little could be done except to keep it from clogging the wheels of society, but as in the main potentially useful citizens, needing only the proper kind of treatment and training to bring out their possibilities. The school at Waverley was conducted upon this theory and the results attained there have proven that the theory is sound.

The following tribute, in the form of a resolution by the executive committee of The National Committee for Mental Hygiene, expresses perhaps as well as it is possible to do so the place that Dr. Fernald held in the regard of his colleagues and fellow workers and their deep sense of loss at his death:

"Dr. Fernald was not only a member of this committee, but he was the co-worker, the personal friend, and an inspiration to each one of us. We have known him and worked with him for years and had developed a degree of respect for his scientific attainments and an affection for his personal qualities that it is seldom the lot of man to command or to deserve.

"We have come through the years to recognize in Dr. Fernald an authority in his particular branch of mental medicine second to none in this country; in fact, he stands in our minds as the pioneer in what has come to be our present attitude toward the feebleminded, and the institution at Waverley, over which he presided for so many years, represents, as nearly as it is possible for an institution to do so, the concrete realization of what he stood for in this line of endeavor.

"The life work of Dr. Fernald relates itself in our minds to the work of the great emancipators. He stands in our minds as the emancipator of the feebleminded, releasing them from the shackles of ignorance which for so long a time prevented any true appreciation of their actual characteristics and social possibilities.

"Until the very last Dr. Fernald retained all of his interest in his work, his enthusiasm, and his optimism for its future development. These inspiring qualities were expressed from a background of broad learning and culture, personal

qualities of gentleness and tolerance, and a rare appreciation of humor, all of which made him much more than just the scientific man—rather, a richly endowed and lovable personality. We feel that as he touched life tenderly and understandingly, so we should like to recall him."

## WALTER E. FERNALD

ALBERTA S. B. GUIBORD, M.D.

When death claims men like Walter Fernald,
It takes too great a toll
From the world's scant store of noble men;
Not one could be so illy spared,
High soul, far-seeing eye, responsive friend;

Guide to baffled parents of the problem child;
Inspirer of his colleagues and the staff
Who with him strove to make his vision real;
Magnetic teacher of the student bands
Who ever sought his counsel and advice
And took away a loftier purpose, keener zeal,
A new enlightenment to turn upon their task;
Leader in the newer science of the mind
That though my intellect may measure less than yours
Yet has it something for the world to use,
The "little dipper" has its use as surely as the great,
Worth is inherent in us all.

When death claims leader, teacher, friend,
It takes a toll too high
Or seems to till the audit shows
That most of him survives
Precept, example, spirit, all
A splendid image makes
For us a lasting heritage
Death but illuminates.

—*Boston Medical and Surgical Journal.*

# BOOK REVIEWS

EDITOR'S NOTE.—In accordance with the policy adopted last year, this number is made a special book-review number. To provide extra space for reviews, the Abstracts and Notes and Comment sections and the list of mental-hygiene organizations and of members of The National Committee for Mental Hygiene have been omitted. These will be included in the April and other numbers.

PRIMITIVE RELIGION. By Robert H. Lowie. New York: Boni and Liveright, 1924. 346 p.

To the profession of anthropology, at home or abroad, Dr. Lowie needs no introduction. To readers of MENTAL HYGIENE be it known that he is associate professor of anthropology in the University of California and editor of the *American Anthropologist.* He was formerly of the staff of the American Museum of Natural History and carried on research among the Indians of the West, especially the Crow of Montana. He belongs to that group of Professor Boas' students which is now rewriting anthropology. In addition to many special papers based on original researches, he is the author of *Primitive Society,* the most important treatment of that difficult subject yet written.

*Primitive Religion,* in the reviewer's opinion, is an even more valuable book—more valuable because religion is a more baffling subject than society and because more nonsense has been written about it. Lowie not only gives us light on many points of view hitherto neglected by anthropologists and psychologists, but by his sane discussion of the question of individual differences in religious behavior gives us a first-rate general introduction to the study of comparative religion. Those whose ideas of primitive religion have been formed from Tylor's *Primitive Culture,* Frazer's *Golden Bough,* Lang's *Making of Religion,* and Wundt's *Völkerpsychologie,* or from Schmidt, Söderblom, Durkheim, Marett, Thurnwald, Thouless, Jane Harrison, and Jung, may turn to *Primitive Religion* for a fresh start. It is like turning from the psychologists' prattle about "fatigue" to Hall's *Muscular Activity and Carbohydrate Metabolism;* or, rather, from McDougall's psychology, from the standpoint of an introspectionist, to Watson's psychology, from the standpoint of a behaviorist.

In other words, religion—primitive or otherwise—is not so simple as it seemed. If religion is irrational behavior rationalized and

worked to its emotional limit, it becomes a matter of individual experience conditioned by the environing situation. When Haeckel's youthful Protestant God was superseded by the Principle of Causality and the Law of Substance, he simply changed his phraseology—his "religion" was the same, a sentimental, æsthetic yearning for some awe-inspiring mystery. Because Haeckel's was a powerful personality and because his *The Riddle of the Universe* appeared at an opportune time, his teachings had a phenomenal vogue and he had thousands of "followers".

But what, it may be asked, has the leader of Darwinism in Germany to do with primitive religion? In a way nothing, in another way much, for, as Lowie points out, the same mental processes back of primitive religion are at work to-day in avowedly rationalistic literature, and Haeckel is a case in point. He had "a mystic thrill from the philosophical extension of an evolutionary point of view. Unification of isolated biological data, such as every scientific research has for its aim, has led to the emotionally gratifying postulate of unity in the whole of the universe, of 'monism'." With Haeckel, monism became "a symbol of the soul-satisfying vision and a means for gathering under a common head what is independently felt to be valuable—very much as the Crow Indian secondarily associates *his* life values with a visionary experience".

Even secular movements with a predominantly conservative bias, says Lowie, display the same psychology. "Thus, admirers of a powerful state glorify their ideals with all the fanaticism of religious enthusiasts and evolve a mythology of their own, with its symbols and rationalizations; and eugenics was heralded by its founder himself as a substitute for traditional religion." In other words, the specific nature of the object worshipped is immaterial. Even "the person of a soverign may call forth a sentiment hardly distinguishable from religious emotion; and the abstractions labeled 'Country' and under certain conditions 'Liberty' and 'Reason' have an equal potency. If we adhere to the psychological point of view, we shall find no reason to exclude such ideas from the rank of 'gods'."

Parson Adams' remark in Fielding's *Joseph Andrews* that "the first care I always take is of a boy's morals; I would rather he should be a blockhead than an atheist or a Presbyterian", gives us an interesting personal evaluation, as Lowie says, but is of no value as an objective classification of the data of religion. It recalls the classification of an aboriginal language by which adult males are one gender and all other persons, together with animals, plants, and objects, are lumped in another.

Religion, then, as Lowie uses the term, is not specific, but merely a

recognition in some form or other of awe-inspiring or extraordinary manifestations of reality. It is a universal feature of human culture because all societies recognize such manifestations. The supernatural or extraordinary may be holy or sacred, or it may not, but whatever is considered extraordinary or supernatural makes up the content of religion.

Lowie first discusses the cultural phenomena connected with the sense of mystery or weirdness in four diverse cultural groups as representative samples of so-called primitive people: the Crow of Montana, the Ekoi of West Africa, the Bukaua of New Guinea, and the Polynesians. The outstanding conclusion drawn from this study is that there is lack of a consistent scheme of the extraordinary moiety of the universe, but that all do respond somehow to the extraordinary in the routine of existence. "What differs is the technique employed: in one of the typical crises of life a Crow throws himself upon the Supernatural by going out for a vision; an Ekoi consults a diviner and prays to a ghost; a Bukaua resorts to the magician, who in turn falls back upon the traditional recipe."

Which means, for one thing, that "catchwords utterly fail to penetrate to the ultimate psychology" of religious phenomena. The natives of Africa and New Guinea are "ancestor worshippers", but in Africa the spirits of the dead are subordinated to two major gods and coördinated with a legion of ghosts; in New Guinea there are many categories of supernatural beings, but the ghosts alone seem to have religious significance. "Ghosts" in Africa are not what they are in New Guinea. Nor does the fact that the caterpillar, for example, undergoes a metamorphosis raise it to a superhuman status. Non-human personalities, including spirits, may be conceived in such a way as to be eliminated from the domain of the extraordinary. "It is the psychological response to them that is alone decisive in the matter."

The chapter on Polynesian religion is especially illuminating. In the whole range of human history, says Lowie, no people probably ever attached greater significance to distinctions of rank than the Polynesians. Society consisted of nobility and the common herd, the former subdivided with an extraordinary degree of subtlety. "The basic dichotomy rested in theory on the divine lineage of the aristocrats, and the finer gradations of status depended either on the relative loftiness of the divine ancestors or on the directness of descent from a common ancestor."

A Tongan king who claimed to be inspired by the spirit of Tukuaho, a former ruler, was pressed by Mariner to describe his subjective impressions. He replied that he "felt himself all over

in a glow of heat and quite restless and uncomfortable, and did not feel his own personal identity, as it were, but seemed to have a mind different from his own natural mind, his thoughts wandering upon strange and unusual subjects, although perfectly sensible of surrounding objects''. When asked how he knew it was the spirit of Tukuaho, his answer was: ''There's a fool! How can I tell you *how* I knew it? I felt and knew it was so by a kind of consciousness; my *mind* told me it was Tukuaho.''

Part II, a *Critique of Theories,* derives its special value from the fact that Lowie belongs to that school of anthropologists which follows the injunction Hunter laid on Jenner: ''Don't think; make some observations!'' As a result, we get a new conception of the shadowy line between religion and science. In discussing Tylor's *Animism,* he shows that Tylor's bias in favor of the soul concept led him into an unnecessary hypothesis. The fact that the savage may regard as living what we class as lifeless may be due merely to difference in classification; it does not necessarily imply that primitive man conceives of all inanimate objects as sacred or hallowed by the presence of a spirit. When a South African yells at a hurricane, ''he is personifying the natural phenomenon, but we have no right to assume that he is thinking of a being of relatively refined bodily essence residing in and directing the storm. Similarly, when a Crow picks up a curiously shaped rock and hits upon the quaint conceit that it can reproduce its kind, he is putting it into the organic kingdoms, but it no more follows that he attributes spirit to it than that we ascribe a soul to a cat when we describe it as animate.''

In other words, both animism and animatism are only potentially religious—becoming religious only when an emotional attitude characteristic of religion centers about them. ''When a Melanesian distinguishes between a yam and a pig by ascribing to the latter a vital principle, he is, so to speak, on the level of comparative biology; he still adheres to that level when he distinguishes between a pig and a man by attributing to the latter exclusive transformation into a ghost after death. But when he proceeds to differentiate among the ghosts of the deceased and to ascribe mysterious potency to the ghosts of distinguished men only, he passes the threshold that separates the everyday world from the universe of religion.''

There follows a chapter on magic, referring especially to Frazer's theory, and one on collectivism, devoted especially to Durkheim's conception of religion based on an antithesis of the sacred and the profane and the union of fellow worshippers of the sacred in a sort of church. One sentence of Lowie's in this latter chapter might appropriately begin every treatise on human culture: ''The best

prophylactic against baseless speculation that man must believe this or do that is the actual knowledge that throughout a definite part of the globe he believes and does nothing of the kind."

Part III is devoted to historical and psychological aspects of the subject. In his critical examination of the historical schemes proposed, especially by Tylor and Father Schmidt, as a basis for a scheme of sequence of the data of religion, Lowie very pertinently calls attention to the tendency to underestimate the technical difficulties that must be overcome in historical reconstruction where religion is the subject matter. "Every such reconstruction obviously rests ultimately on the descriptive data, and it is precisely these which, even when abundant, are usually far too intricate to admit of a convenient summary by one or two catchwords such as 'solar cult' or 'animism' and 'magic'." Even the rude Andaman Islanders recognize a triple form of the supernatural. Even where conditions are more simple, the relative weighting of factors is far from easy. "No wonder that in circumstances of greater complexity the problem may become practically insoluble." The Crows themselves are undecided as to the character and identity of the sun. "No doubt by making an indefinite number of arbitrary auxiliary hypotheses a skilful dialectician could explain away the obscurities, but that would be the lawyer's rather than the scientist's procedure."

Lowie, of course, is not opposed to the principle of historical reconstruction, but there is still too much doubt as to the raw materials themselves. "How can we reconstruct history [of religion] if even the facts of regional distribution are far from clear?"

Of interest to psychiatrists is Lowie's treatment of the distribution of the conception of disease in North America. The dominant idea is that "all diseases are things which get into the body and do violence to it in some way. The thing to do is to get these things out of the body." The aborigines practiced medicine on the extraction theory. But the Northwest Coast Indians believe that illness is caused by the loss, usually theft, of the patient's soul; the doctor must recapture and restore the kidnapped vital principle. All American aborigines believe in the existence of the soul. Why, then, the limited distribution of the idea that disease results from soul-snatching? Its geographical restriction is a matter not of psychology, but of historical connections between the Northwest Coast and Siberia. The doctrine that disease is due to a tangible intrusive body is of great antiquity, possibly dating from paleolithic times. It came to cover an enormous stretch of territory in both hemispheres; only in certain regions was it superseded by other conceptions.

A higher culture may influence the beliefs of simpler peoples.

Hepatoscopy, or divination from the liver of sacrificial animals, is to-day found in Borneo, the Philippines, and adjacent islands. It was used in Babylon 2000 B.C. and spread thence both east and west. It survives in Indonesia, although it has disappeared from India and China.

The points of view of history and psychology are not antithetical, as is sometimes assumed. "The psychological facts of religion are the most fundamental that a history of religion can deal with; without them, indeed, such a history would be well-nigh meaningless. On the other hand, it is equally true that an insight into the psychology of religious phenomena is impossible without reference to the conditions that preceded and accompanied them." For the Roman poet's saying that *fear* created the gods, Lowie would substitute the German philosopher's "*Der Wunsch ist das Wesen der Religion*". Both can be detected in religion, but neither wish nor fear explains the concrete diversity of religious phenomena.

Lowie's analysis of the psychologic and historic factors in two well-known phases of American religion—the ghost dance and the peyote cult—illustrates another phase of the relationship of history and psychology; and the path to the psychology of religion lies through history. It was a plains pre-history to the ghost dance that made the ghost dance different from what it would otherwise have been anywhere else in the universe. Nor can the psychologic reactions of the peyote eaters, as group or as individuals, be appreciated without knowledge of the Indians' heritage of belief and ceremonial.

The chapter on woman and religion is first-class. It makes no pretense to fullness of treatment, but it is free of dogmatic statement. The chapter is too loaded to be summarized in this review, but two or three of the positions taken are so sane that they must be noticed. Lowie pays his respects to the absurd, but loud-mouthed theory that religion is at bottom nothing but misunderstood erotic emotion. "Mystic experiences are indeed commonly sought and secured at the age of puberty, but by no means exclusively so. Here, as everywhere, the psychological problem is complicated by the influence of cultural environment. It is evidently a matter of social tradition whether the religious thrill is looked for and obtained at seven, at fifteen, or at forty."

Lowie refers to James' wise statement that religious sentiment simply utilizes such poor symbols as our life affords—the digestive and respiratory concepts may serve the same purpose of vivid representation as directly or indirectly amatory ones. "As for the repression and compensatory over-indulgence of the sex appetite, neither can be said to be characteristic of primitive religion. Special phe-

nomena, appearing in restricted points of space and time, are here confounded with the universal essence of religion. The same applies to the orgies that are sometimes spectacular accompaniments of ceremonialism; interesting specimens of the ideas that *may* become associated with religious phenomena, they do not as a rule touch the core of religion. *That* must be sought where James looked for it, in 'the immediate content of the religious consciousness', and I quite agree that 'few conceptions are less instructive than this reinterpretation of religion as perverted sexuality'."

In the chapter on individual variability is to be found an adequate discussion of sensory types, suggestibility and independence, intellectual powers, various idiosyncrasies, and leadership. One of the important points brought out is a refutation of the widespread assumption that in primitive society individuality cannot assert itself sufficiently to rise definitely above the rank and file and impress its own stamp upon the whole community; nor is it to be doubted that savage society uses intelligences with a definitively speculative bent. The documentation of this chapter will prove of special interest to psychiatrists.

The chapter on religion and art clears up several popular fallacies. For example, in discussing Jane Harrison's attempt to show that Greek drama sprang from ritualistic dances and that Greek sculpture was merely "a rite frozen to a monument", Lowie observes that the simplicity of such a thesis militates against its acceptance—"the phenomena of culture do not so readily lend themselves to a shorthand description of their sequences". Lowie assumes, with Wundt, that "primitive man no less than ourselves is actuated by a variety of motives and that among this number those of genuinely æsthetic character, *i.e.*, those quite divorced from ulterior or correlated ends, must have exerted their influence even at a very early period". Lowie goes further and postulates the æsthetic impulse as an irreducible component of the human mind, a potent agency from the very beginnings of human existence; and agrees with Jochelson that "the æsthetic sense is as strong and spontaneous a longing of primitive man as are beliefs". Nor is he afraid to suggest that sometimes the ostensibly religious is rather to be traced to an æsthetic source than vice versa.

The sanity of the chapter on association may be inferred from Lowie's insistence that individual thoughts and behavior are largely "determined by factors arising not from the inborn characteristics of the thinker or actor, but from the cultural conditions affecting all the members of his group jointly". Too often traditional association is quite enigmatic from a psychological point of view—"no hint

remains of the principle on which the underlying ideas were ever linked by any individual mind. It is easy enough to proceed from cue to reaction, but to work backwards is more difficult, just as it is harder to extract a cube root than to raise a number to the third power."

For example, a Havasupai woman will not scratch her head with her fingers during menstruation or before or after childbirth; she uses a special head-scratching stick. Similar practice is found in British Columbia, Wisconsin, and South Carolina. It is evidently an ancient usage and widespread. "At some time and place the association must have sprung into existence in some individual brain and struck a responsive chord in the social environment; but what may have produced this original association eludes our scrutiny."

The potential ambivalence of the extraordinary is illustrated by the diverse behavior of two East African tribes. The Jagga view multiple births with alarm, kill triplets and despise the mother as if she were guilty of a crime, and regularly strangle one of twins. The nearby Bantu tribes view twins as omens of good luck.

That man is not so much a rational as a rationalizing creature is well known in the psychiatric clinic. Man "does not act or work towards conclusions by the careful sifting of evidence, but acquires them by some irrational process, subsequently glossing over the logical delinquency by secondary apologetic argumentation". Religion is a favorite haunt of rationalizers. Lowie cites the contempt of the Masai of East Africa for the blacksmiths' guild—the pariahs of their society. The blacksmith, so the Masai say, tempt them "to commit bloodshed by the implements they manufacture, hence they merit ethical condemnation". To appreciate the extent to which this is mere mockery of a genuine reason, it is only necessary to recall that the Masai are one of the most warlike peoples of Africa and that their successful preying on their neighbors is a prerequisite to social prestige. They even rationalize their cupidity by an appeal to the divine will: God gave all the cattle in the world to the Masai; if the Bantu were not so unwilling to give up their livestock, the Masai would not be driven to recover their property by force! Nothing but a World War could produce more delicious rationalization.

The sections on ritualistic myths and ends, secondary association, and growth of ceremonial, present new points of view on many interesting accessories of primitive religion.

As religion exists as a phase of human culture because man is that kind of an animal, Lowie concludes that religion is not likely soon to be succeeded by triumphant scientific enlightenment. History

shows "merely a transfer of the religious sentiment to new manifestations of the extraordinary or holy, never an extinction of the sentiment itself. Science itself—not as the *ideal* of the greatest scientists, but as the actual phenomenon of culture history—exhibits the unremitting sloughing off of folk beliefs and their unremitting regeneration when the thoughts of the bold innovator turn into the sanctified formulæ of his disciples—when they accept as extraordinary or taboo what he established by defying the traditional taboos of his time."

Nor does Lowie find warrant in history for presaging the extinction of religion even when conceived in the customary fashion. Personal deities have made powerful appeals in distinct societies; there is no reason to assume that within measurable time such concepts will fail to satisfy the religious longings of a large portion of mankind. He even thinks it likely that the very forces recently active in combating organized religion may rally to its defense. "The excesses of nationalistic state worshippers, coupled with the charlatanism of race theorists who ignorantly pretend to knowledge no living man possesses or even deliberately falsify biological data, may well raise a doubt among humanitarian liberals of the type of John Morley whether the perverse adoration of brute force is a preferable substitute for a faith and a Church never wholly devoid of spiritual elements." And he ends with this warning: "Let those whose Divine lies in the pursuit of demonstrable truth pursue their way unhindered by external obstacles, but let them not foist on others an attitude peculiar to themselves."

George A. Dorsey.

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A Present-Day Conception of Mental Disorders. By Charles Macfie Campbell, M.D. (Harvard Health Talks No. 12.) Cambridge: Harvard University Press, 1924. 54 p.

Psychiatric experience has accumulated so much knowledge that might be of help to those in trouble that any effort to bring this to general attention will be welcomed. Much has been spoken and written with this aim, but rarely has it been better achieved than in this little book by Dr. Campbell. Its excellence lies largely in the choice of the topics selected for discussion and in the delightful manner in which they are presented. Clearly and simply, illustrating with familiar facts and experiences, Dr. Campbell discusses the influences and factors that determine human behavior as it goes on under conditions of life that are satisfactorily met or when it becomes

a problem that must be dealt with as a disorder. His readers are asked to regard mental disorders free from the usual prejudices toward this type of human illness—"to face facts and to recognize that so-called nervous patients are as a rule suffering from mental disorders and that the substitution of nervous for mental is due to a vague fear of the mental, inherited from medieval and earlier modes of thought".

This understanding becomes possible if we consider that human behavior has been shown to be shaped and determined by influences and forces that are tangible facts which can be investigated and explained. The recognition of this proposition makes it possible to bring to the study and treatment of behavior problems methods and resources from a wide range of human knowledge.

The theme underlying the author's discussion of these problems is given in an introductory paragraph that expresses most concisely the dominant viewpoint of modern psychiatry: "I ask you, therefore, to consider our topic to be not mental disorders, but men, women, and children in difficulty, hoping, thwarted, groping . . .". Such an attitude emphasizes the spirit of helpfulness that is so characteristic of modern psychiatric activities and that has led to the extension of its interest into a wide range of human relationships.

The demarcations between what is a mental disorder and what is usually regarded as solely a peculiar behavior reaction become vague and indistinct. Thus we observe mental disorders "masquerading under various disguises, and human nature working under difficulties may resort to many subtle evasions and modes of defense". The forms that these "disguises" take are varied, but they occur as "symptoms and traits that are acceptable to the individual who finds himself unable to face the real facts of his difficulties". Many of these reactions take the form of "socially useful and acceptable traits and personal interests that are but efforts at solution of personal difficulties".

In explaining the sources of behavior reactions, Dr. Campbell shows how deeply rooted these are and how they can be understood only "by considering their origin and growth in relation with the evolution of the personality". They come from the instinctive life and from patterns of reaction laid down in the early struggle of the individual with the environment. "They are the expression of the vague groping of human nature for some reconciliation between its warring elements." The effects of this struggle may so disorder logical thought that this loses its dominating influence in securing successful adaptation to realities, and may give place to thoughts that satisfy the inner needs of the individual. In this way we find that "in

mental disorder childhood and primitive elements break through the ordinary surface of thought and behavior. Sometimes these elements come to the surface because the higher functions are weakened by poisoning or structural disease of the central nervous system. Sometimes they seem to break through because the higher functions are inadequate to deal with the situation and the individual relapses into earlier modes of thought and behavior."

"Thus mental disorders can be explained in the light of the same general principles which explain the workings of the bodily organs, the evolution of the instincts, the origin of human culture, and the earlier phases of individual development in infancy and childhood."

Such "Health Talks" as this by Dr. Campbell cannot fail to find a wide circle of readers. It is a book that offers its readers an insight into their personal difficulties in meeting the problems of life and that gives a fundamental viewpoint to all who are interested in problems of human behavior. For the student of psychiatry it supplies a foundation on which to build his knowledge of mental disorders in more detailed relations.

Albert M. Barrett.

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The Normal Mind: An Introduction to Mental Hygiene and the Hygiene of School Instruction. By William H. Burnham. New York: D. Appleton Company, 1924. 702 p.

Few people are better qualified than Professor Burnham to write a book on the normal mind. The topic is one of vast extent, and the danger is that an author may fail to bring to the problem that sense of perspective which is as essential as a grasp of detailed information. Nor is good perspective alone sufficient to make such a book successful. In covering so wide a field, it is not easy for an author to be sufficiently clear and specific in statement to give the reader the feeling that he is being brought face to face with the actual stuff of experience. The problem of documentation is also far from easy, for what documents do not bear upon the normal mind, and how is one to choose from the enormous wealth of material available?

Unembarrassed by these difficulties, Professor Burnham develops his theme in a very simple and logical manner, beginning with a very general survey of the functions of the normal mind and of the underlying mechanisms upon which it depends. After this general survey, these individual mechanisms are taken up in some detail, and the author presents the facts about the conditioned reflex of Pavlov and his school and summarizes the behavioristic studies of Watson in

an admirably clear way. Professor Burnham has taken to heart the method of Wackford Squeers, who, after having made the boys spell "winders", next made them clean them. Having read the chapters on the conditioned reflex, the reader is invited to consider the application of this knowledge and finds a useful series of hygienic suggestions, dealing with such topics as sleep, bathing, clothing, and the use of the special senses.

The principles of the early chapters are applied to the training of children both in the home and in the more formal atmosphere of the school. Special suggestions are given with regard to methods of study. Conditioned reflexes represent the influence on behavior of previous experience, and habits are nothing more than the combined influence of previous motor experiences on our present behavior. A knowledge of the simpler conditioned reflexes, studied under accurate conditions of observation, enables us to take up with greater accuracy of thought a review of the whole subject of habit.

In the chapter on habits, not only are general principles emphasized, but sufficient detailed illustrations are available to give teachers and parents some very practical suggestions. After the discussion of more general principles, the author takes up in a separate chapter the school task. He emphasizes above all the necessity of the task as an opportunity for work. He discusses with excellent judgment the limits within which the child should be allowed to choose its task, and the necessity of throwing a certain degree of responsibility on the child. The schoolroom is merely the preparation for the wider life of the adult and the social task is discussed in the next chapter. Here again we find a sound formulation of general principles, always closely correlated with a discussion of concrete situations.

A further contribution to the analysis of the integration of the functions in the personality is made in the chapter on mental attitudes. Here the author touches upon the complicated problem of the influence of one human being on another—the influence of child on teacher and of teacher on child. No attempt is made to analyze this in the light of the contributions made by psychopathology or by anthropolgy.

In the second half of the book there are valuable discussions of inhibition and its control, and of the dependence of mental health upon orderly association and discipline.

One of the most stimulating chapters is that on success and failure, in which Dr. Burnham emphasizes the paralyzing influence of a feeling of inferiority and the tonic influence of success. Success has a definite relation to the special endowment of the individual, and one must be very careful not to demand a type of reaction for which

the individual is not at all equipped. Dolbear's account of the Prehistoric Jungle School is quoted with excellent effect.

In the last two chapters of the book, the author sums up the general principles that have been discussed throughout the book and presents his conclusions.

The book is written in an admirably clear style, is divided into sufficiently short chapters, and holds the attention of the reader. Its value is increased by the bibliographic references at the end of many chapters, and for teachers the various problems and questions suggested at the end of each chapter should be an additional service.

C. Macfie Campbell.

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Habit Clinics for the Child of Pre-school Age; Their Organization and Practical Value. By D. A. Thom, M.D. (United States Department of Labor, Children's Bureau, Publication No. 135.) Washington: Government Printing Office, 1924. 71 p.

There is probably no word in the common working vocabulary of mind used so frequently and with such varied associations as the word habit. The most popular conception is that of habit in the rôle of despot, prowling about the unguarded frontiers of youth and snatching victims into a slavery of vicious practices. The college-read adult knows that a discussion of habit is wont to follow chapters on instinct in most psychology texts; that the one deals with man's acquired assets and the other with his inherited equipment. Give this same adult an opportunity to express the practical ideas he has derived from these chapters, and he will dwell upon the fatalities of habit bondage, almost to the exclusion of any other alternative.

The popularity of this sinister connotation is due largely to the free and often indiscriminate use that psychology has made of brain anatomy and what few dependable facts have been gathered on neuro-physiology. The picture of a nervous system checkered by grooves, ever deepening with mathematical precision, is sure to be retained in the imagery of youth, but it carries little invitation to comradeship with habit—that great practical ally of human organization. One result of this dramatic presentation of theory is the development of a certain scorn toward all psychological topics as impractical, erudite, and to be shuffled off as soon as possible after examinations are passed and degrees obtained. Another common result is the tendency to hide behind the inevitability and invariability of the over-advertised habit-forming processes, and thereby evade any effort to correct the faulty conduct pattern.

Within the last fifteen years the field of behavior study has been seriously invaded by another species of investigator, known as the psychiatrist. In his pursuit of causal factors associated with mental disorders, the psychiatrist has found that at least half of the serious and benign forms of behavior disease are unassociated with any demonstrable damage to nerve structures. Half clinging to the old popular doctrine of heredity, but still groping for more facts, he turned to a thorough study of the organism as a whole—its chemistry, physiology, and psycho-biology. In reviewing the material obtained from such research, he has found among other things that the men and women who develop types of nervous and mental disorder unassociated with organic brain disease were almost invariably boys and girls who got a bad start in the necessary adaptations of childhood. Among these adaptations is the handling of problems that have to do with such common dynamic forces of known nature as sensitiveness, jealousy, anger, revenge, suggestibility, fear, stubbornness, lack of initiative, self-pity, the desire for sex satisfaction, and the like.

Psychology has taught education what to expect in the matter of memory, reasoning, attention, judgment, and so forth, from children of various ages and from various backgrounds. Another important psychological influence on education is embodied in the recognition and development of motor skill and its habit-training possibilities, which is coming to the front in vocational-guidance activities. But there is other material for habit training in the young child, and points of individual difference and variation other than those that can be standardized by measuring intellectual and mechanical functioning. For the most part there is little or no agreement among pedagogical experts as to what should constitute a desirable habit equipment to meet the adaptive requirements of pre-school and early-school years. It is to this general problem that Dr. Thom has addressed himself in his work as director of habit clinics associated with the Community Health Association of Boston. The result of his research activities is embodied in Publication No. 135 of the Children's Bureau, entitled *Habit Clinics for the Child of Pre-school Age.*

These habit clinics consist of a psychiatrist, a psychologist, a nurse or social worker, and a stenographer, who meet one or two half days a week in various health centers where mothers bring their children—day nurseries, babies' milk stations, district dispensaries, and so forth. As these mothers are served according to their special wants, an effort is made to become acquainted with other problems of home and household management. There is nothing formal about these habit clinics. The behavior difficulties of the child are treated like

any other disturbance of functioning that has to do with nutrition, sleep, and so forth. Experience is showing that there is hardly a family reached in this way that does not appreciate its need of guidance in some child situation and eagerly coöperate in the plans suggested.

Dr. Thom divides his pamphlet into the following topical outline: *Habit Clinic Procedure; The Social Service of the Clinic; The Child; The Parent; Feeding; Enuresis; Problems Concerning Sex Life; Complication of Habits; Temper Tantrums; Pugnacity and Shyness; Destructiveness; Delinquency; Acute Personality Changes; Convulsions; Psychotic Symptoms and Discussion; Feeblemindedness.* The appendix contains details of procedure in history taking and examination from the standpoint of the social worker, the psychiatrist, and the psychologist. Each section of the topical outline comprises a brief statement, in clear, common-sense terms, of the main issues in the matter of habit formation associated with feeding, enureses, temper tantrums, and the like, followed by three or four cases by way of illustration. These cases in every instance impress one as adequate reviews of individual situations in which the interest of the story is never for a moment buried beneath a mound of "case-study" material. Here one gets next to children who had need to form better habits of eating and sleeping and tidiness, and children who were ill and unhappy and unable to progress smoothly because of such commonplace difficulties as shyness, fear, jealousy, or the like. Here, too, one reads how parents and teachers were handling these characteristics, so that the faulty behavior was becoming worse instead of better, and what happened when they were persuaded to try different tactics.

This pamphlet fills a long-felt need for literature that will convey to the layman the practical contribution that mental hygiene offers to the building of child health. It is not surprising to learn that some 450,000 copies of leaflets on habit training for children prepared by Dr. Thom and his associates have been ordered by social and public-health organizations from all parts of the United States and Canada. Medical science and education have only begun to utilize the vast resources of habit-training possibilities that lie in the period of childhood. Healthy individual adjustment develops only from years of habit guidance in teamwork between physiological processes, intellectual faculties, spiritual forces, and all those other ingredients that go to make up the productive equipment of a human being.

Esther Loring Richards.

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WHOLESOME CHILDHOOD. By Ernest R. Groves and Gladys Hoagland Groves. Boston: Houghton Mifflin Company, 1924. 183 p.

The purpose of *Wholesome Childhood,* according to its introduction, is to give parents an insight into the newer findings of mental hygiene, showing them what to do from the very beginning in order to give their children a wholesome outlook on life. This purpose is so well accomplished that the book is sure to occupy a leading place in future reading lists for parents. It is characterized throughout by a first-hand knowledge of children and a deeply sympathetic attitude, not only toward children, but also toward their parents. The book is brief and readable. Even a very busy parent need not hesitate to undertake it.

The plan is chronological, covering the period from birth to fourteen years. In accordance with the modern viewpoint that the early years are the most crucial ones in the formation of character and personality, five of the seven chapters deal with the pre-school age and only two with later childhood and adolescence. The seven chapters deal, respectively, with the foundation period, the first six months; the period of discovery, from six months to a year; the period of achievement, from one to two years; the period of contacts, from two to three years; the period of self-discipline, from three to six years; the period of school adventure, from six to ten years; and the period of stress, from ten to fourteen years.

In dealing with each of these periods the authors state briefly what are its outstanding interests and activities. The eagerness of the child to do the things appropriate to his stage of development is vividly pictured. Parents are helped to see that their chief duty is to understand these urges to activity, and to give the child an environment that will further rather than hinder the exercise of his powers. What parents need to do for the young child is not so much to teach him as to give him the best chance to learn, not so much to train him as to help him to train himself. The fundamental importance of regarding each child from the outset as an independent personality, to be respected and treated with courtesy and consideration, underlies all of the treatment.

Many of the principles enunciated are familiar, but many others are comparatively new. Even in dealing with familiar principles of child management, the authors throw a new light upon them by stressing constantly the probable outcome in adult personality of one kind of treatment rather than another. The parent is helped to see that he must be guided, even in the treatment of a very young child, by his ideal for the child when it is grown up. Most parents

would say, unhesitatingly, that they wish their children to be independent and self-directing adults, able to make the most of their powers. What this little book helps them to see is that in order to attain this end, they must give even the very young child as much independence and opportunity for self-direction as he can safely assume. All parents wish their children to be well-behaved, but many of them are still making the mistake of thinking that they can attain this end by a free use of reproof and severity. The authors help them to understand that reproof and severity are more often than not incentives to disobedience and resistance. The substitution of right modes of behavior for faulty ones, and the use of approval and helpful coöperation in establishing right modes of behavior, are illustrated at each level of childhood.

Most parents wish to have children who grow up to face difficulties in life bravely and frankly and overcome them courageously, but perhaps few of them understand the relation between the capacity for this and the life of imagination and daydreaming in young childhood.

This little book has evidently been written from a rich background of experience. Knowing this, one is tempted to wish that illustrative material, consisting of real experiences with real children and reported in detail, might have formed more of the content of the book, even at the expense of brevity.

HELEN T. WOOLLEY.

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THE NEW PSYCHOLOGY AND THE PREACHER. By H. Crichton Miller. New York: Thomas Seltzer, 1924. 246 p.

In this volume a psychoanalyst comes to the aid of the Christian preacher. It is a thoroughly sincere contribution by a man who has a genuine interest in religion as the spiritual factor of racial evolution. That he should single out Christianity as preëminent among the religions of the world is perhaps natural. He modestly disclaims authority in the religious field and he is addressing a Christian group. His plea is that in all phases of religious life, the unconscious factor shall be faced fearlessly. In the chapters in which he discusses dogma, credulity, conflict, compensation, repression, and projection, there are suggestions that would be invaluable to the religious worker if he could be persuaded to make use of them wisely in relation to himself, his religious denomination, and his flock. There are chapters in which the author turns literature into symbolism to serve his purpose in a way that any preacher would give a

year's salary to be able to imitate. There is much sound common sense regarding religious folk which comes not so much from the author, as psychoanalyst, as from a man sincerely interested in the spiritual life. But there is more, and this is the interesting novelty of the book: a psychoanalyst becomes an apologist for Christian theism and offers the preacher a defense of the faith.

But first, what is a preacher? If he is that aggressive type of individual described by some of our American religious educationists as a "social engineer", interested in the economic issues of life, prying into the "mechanisms" of social control, seeking objective transformation of the social order as a means of achieving the higher life—the kind of person who might say, "Christ was as much concerned about the body as the soul"—then, well, our author would be an irritation to him and would perhaps be put aside as "metaphysical" or even "obscurantist". The preacher concerned must be one who is convinced of the supernatural dynamic of religion, sufficiently shaken from the dogmatic creedal pedestal to need a more scientific justification for the essentials of the faith, and willing to agree that the central thing in religion is not the intellectual, or the historical, or the pragmatic, but the affective. To such a one the author offers an apologia for Christian theism—on conditions. The conditions are, one gathers, that Christianity be taken not in the sense of conventional religion, but as the "gospel of the Cross", which is not further defined, but one may take it to mean a projection of the ideal values of ethical, spiritual life. And, further, that the preacher take sides as between the conflicting schools of psychoanalysts and identify God with the Racial Unconscious of the Zürich group. This Racial Unconscious carries the principle of progress and, in the individual who is oriented to it, achieves the purposive evolutionary advance toward the moving goal of racial perfection. In this lies the religious dynamic. From this come influences upon the minds of men, giving a real significance to prayer.

Knowing the history of thought as related to theistic apologetics of the last century and remembering the fate of James' subconscious after it was taken up by the theologians, it is doubtful whether the preacher will be unduly elated over this latest gift to the theists. In fact, Dr. Miller is not quite assured. He is willing to argue on the basis of its being, after all, a "phantasy". "A phantasy is to be examined not so much in the light of its relation to reality as in the light of its potency to create or recreate ethical values and to inspire a progressive rather than a regressive response. . . . The true vindication of Christianity does not lie primarily in the objective validity of the Christian's faith, but rather in the power

of the spiritual 'phantasy' to produce results. The results must be twofold—personal harmony and social worth." (Pages 169–70.) Does social science, then, have the last word?

There is most excellent advice in this book warning preachers against the unconscious motive, against the emotional appeal of the herd mind, against the use of authority. What happens to this advice when the author bolsters his arguments for the Christian faith by challenge of opponents with the question, are they "prepared to take the position of the Russian revolutionaries", or with such phrases as "join issue not only with history, not only with many eminent scientists"? (Page 167.) This is not the only place in the book where psychoanalysis might serve the psychoanalyst. This phase, however, need not be labored, for it will not detract from the value of the book to those preachers to whom this apologia can make an appeal. Preachers themselves have often preached better than they practiced.

The thing that must be said is that for an increasing number of preachers, religion is coming to mean something quite different from what Dr. Miller understands it to be. For them the central significance of religion lies in loyalty to social ideals and in coöperative effort to actualize them in a society in which all individuals shall have the opportunity for a noble and joyous life. To these men the social process is extremely important and the metaphysical negligible; to them, consequently, social psychology will seem the most effective instrument. It may be hoped, however, that they will have the wisdom to recognize, in addition, the services available in the tools of the psychoanalyst. To them we may also recommend this book.

A. Eustace Haydon.

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Women and Leisure. By Lorine Pruette. New York: E. P. Dutton and Company, 1924. 213 p.

The feminist movement is so often the subject of emotional controversy, with bitterness on the one side and ridicule on the other, that a welcome contribution must be recognized in a book that maintains a consistently objective attitude, and that studies the movement against an amazingly thorough historical background in the light of the principles of sociology and psychology.

The high point in Dr. Pruette's study, because it presents a new line of attack, is to be found in her analysis of the daydreams of adolescent girls. Students of the mind will find the chapters that describe her method of getting at this source of information on "the

inner psychic life'' of adolescent girls, as well as her analysis and interpretation of the results, exceedingly stimulating. The success of her questionnaire proves the efficacy of the impersonal method and suggests greater potentialities for its application in this rich field.

The response to this questionnaire on ''activity desires'', answered by 347 girls and women, showed that, when asked what they would prefer to be, given a choice of anything in the world, only 39 per cent indicated wife or mother ideal while 61 per cent preferred a career of some sort. When the question was narrowed and the choice had to be made between a home and a career, ''a large number of those who had at first expressed their desire for a career hesitated and changed their minds when confronted with the sacrifice of a home, thus indicating their desire for both forms of activity''. A classification of daydreams indicated that only 40 per cent had the home-ideal ambition, while 60 per cent dreamed of success outside the home, and large numbers of replies showed an aspiration to combine both home and career. Comparing these wish revelations with statistics of the percentage of women gainfully employed in the United States, which were carefully and critically presented in an earlier chapter, Dr. Pruette calls attention to the discrepancy between the 21.2 per cent of women actually gainfully employed and the 61 per cent of the group represented by the questionnaires who preferred work in the gainful occupations, when not presented with the necessity of sacrificing the home, and the 36 per cent who still preferred it, with this necessity in mind. Dr. Pruette concludes: ''If these figures do not represent an aberrant type of womanhood, they suggest a considerable maladjustment between desire and actuality, and in this sample of 347 girls we see potentialities of disappointment and emotional conflict. . . . If it could be shown to be typical, it would offer within itself explanation for all the unrest and dissatisfaction now characteristic of the 'woman movement'.''

The man-made-world myth is exploded by Dr. Pruette. ''To say that women are what they are to-day because men have made them so is but to express a blind attack of hero worship, a trembling and masochistic adoration of some brutal and all-powerful force, for which men are used as the representative. Women are what they are because of circumstantial pressure and human nature, which, uniting, constitute social pressure as well; and men as we know them to-day are born of the same union.''

Dr. Pruette has sought the social forces that offer explanation for the unrest that is externalized in the feminist movement. She finds the roots in the industrial revolution. The removal from the home and transformation into industries of what used to be the home occupa-

tions of women, together with the growth of cities and the extension of apartment-house dwelling, have left women with leisure, "leisure which they have neither earned nor been prepared for". Dr. Pruette considers at length the significance of "the tendency to activity" and finally concludes that it is the most dominant characteristic in the human race. If this be true, leisure may be a dangerous gift, for the urge to activity may find outlet in either useful, harmless, or harmful forms. From a social point of view, there may be greater "social waste" as a result of ill-directed leisure than society can afford. It is the peril of this social waste that Dr. Pruette makes the basis for demanding the serious attention of society to the woman problem. It is, also, with reference to her "penetrating and stimulating analysis of the relation of woman and her environing institutions to social waste" that Professor Harry Elmer Barnes, in his able historical introduction, praises Dr. Pruette's book as a valuable contribution to this problem. About its significance he says: "It can probably be safely maintained that society cannot too rapidly develop something of a panic of fear in relation to this situation."

Among many other aspects of the subject that Dr. Pruette has illuminated in her book, a few must be mentioned as being especially well handled: the significance of the *mores;* what 300 men think about woman's place; the effect of uniform education as typified in "book lists"; the influence of the publicity that is given, to-day, to the outside-the-home woman by newspapers, magazines, and moving pictures; and the psychological differences between man's labor in business and woman's labor in housekeeping.

For immediate application, Dr. Pruette urges "a readjustment within the division of social labor", "selling the part-time idea to employers", and social toleration of women as well as men who vary from the traditions, believing that the woman of to-day is restless because her activities are so divided that she must, whatever her choice, subdue or thwart one part of her nature in order to satisfy the other.

NANCY BOYD WILLEY.

*Hanover, N. H.*

THE RECONSTRUCTION OF THE SPIRITUAL IDEAL. By Felix Adler. New York: D. Appleton and Company, 1924. 218 p.

This volume comprises the Hibbert Lectures delivered in Manchester College, Oxford, in May, 1923. The subjects are ethical in character, dealing with the present moral uncertainty. "Out of the depth into which it has fallen", thinks Dr. Adler, "humanity cries to-day for help." No doubt many people are quite unaware of this,

but it is, nevertheless, the profoundest fact of our times. And according to the author there is as yet no response. There is no response because the demand is not for a refashioning, a patching of the old ethics, but for a *new* radically reconstructed spiritual ideal.

People acquainted with the writings of the leader of the ethical-culture movement will know what this ideal comes to: "So act as to elicit the best in others, in the process eliciting the best that is potential in thyself." In this respect Dr. Adler here adds no new angle of vision to his previous writings. One of these, *The Ethical Philosophy of Life,* would be found preferable by some readers, both in matter and presentation. The present book, however, is a less technical, more popular discussion. And there is this impressive thing to be noted. The author continues to be a vigorous, undismayed idealist when the drift of the times is acknowledged to be against him. We have been told that those who have lived as long as Dr. Adler has have earned the right to be pessimistic about life. If this is true, he has not availed himself of the privilege. Through all the moral and social confusion of the hour, he sees a more worthy form of moral economy, and sees it as a realizable possibility. The sheer audacity of this hope is an impressive phenomenon.

On the other hand, there is a regrettable thing to note. The author, being a philosopher, has rather too great faith in salvation by ratiocination. It is startling to read a discussion of the marriage-divorce problem (Chapter III) in which the psychological, physiological, economic, and other similar forces involved play the minor rôle. That the author is aware of their existence is abundantly evident. And yet the character of the chapter is fairly presented in this argument for the permanence of the marriage relation: "But before we agree to the inference that where love ceases marriage should cease, had we not better pause to inquire in what sense the word 'love' is used? It cannot mean the passion of the libertine, for in that case why speak of marriage?" (Page 96.) "It cannot surely mean that marriage is to cease when the physical charms of the woman diminish, a change which often takes place after childbirth, just at the time when the fact of responsibility stands out most unmistakably. If that were the meaning, then marriage would be a mere cloak for promiscuity." (Page 97.) "We love the person who is most precious to us in the sense of making our life most admirable, in securing self-respect on the loftiest terms." (Page 101.) "This searching for the hidden, divine thing by each in the other, with the assurance, that, though elusive, it

exists, this yearning toward it, this fore-knowledge that the complete union between the two souls can only be achieved at the summit of the nature of each—this, to my mind, is love, as it is known at its truest. And because the search, in the nature of the case, is perpetual, therefore the union must be perpetual. And we may say to those who insist that when love ceases, marriage should cease: You are right, friends, only that what you say is a truism, for it is in the nature of the thing that properly appropriates the word love that it shall never cease. The circumstance that it cannot cease is the very test and touchstone by which it may be distinguished from its fair or foul semblance." (Pages 109-110.)

It can require no argument to show that this is hardly to the point. No doubt those who are in search of the hidden divine thing which can never be completely found are, as long as they are in search of it, illogical if they quit searching. The palpable fact remains that people are attracted to one another, marry, get along for a while, then find it more satisfactory to live in separation. Either they never set out on the grand adventure, or have grown weary in the search, or don't mind being illogical. In any case we have the divorce problem. Granted that this is really the social menace that Dr. Adler conceives it to be, his solution by definition avoids the realities upon the facing of which any possible actual solution depends. I do not mean to imply that the citations given sum up what he has to say on the subject. He has had wide experience of life and has meditated deeply upon it. The whole set of his mind is against a superficial survey of any subject. At the same time he seems to come to every question with the answer in his pocket, so that the matter in hand gradually, but inevitably arranges itself to fit the solution. That is why, though a thoughtful reader can scarcely close this book or any book written by him without seeing the issues of life under a profounder aspect, he is likely to feel, unless of a certain cast of mind, that the examination has not arrived; that while the talk was of real things, and was the talk of wisdom and culture, it was, after all, talk.

One cannot write such words, however essentially true one may feel them to be, without being conscious of their relative untruth. Therefore, perhaps the best way to part with the reader is to attempt to give him, without comment, a more complete picture of the philosophy of the book by citing a series of passages that present this philosophy with some adequacy. Any chapter would do, but the following passages are from the fourth, entitled *Social Reconstruction.* Having shown why he objects to the individualism of

capitalism and the collectivism of socialism, Dr. Adler presents his own position:

"In the dictum that all individuals shall be included, we agree with the socialists. In the position that the spiritual need of all individuals shall be placed in the foreground, we differ from them. The spiritual need involves, for one thing, that any proposed plan of social betterment shall be judged in the first instance by the effect it is likely to have *on the producer himself*, not by its effect in the better distribution of the product. The producer is our main concern, the improvement of human nature, the evolution of man toward a nobler type, not the multiplication of his creature comforts and enjoyments." (Pages 127-128.) "As a spiritual being, man's commerce with the finite world has for its object to produce the consciousness of his infinite nature." (Page 135.) "What, for instance, can be a more animal-like function than eating, supplying the bodily machine with fuel? And yet the human way of taking food is precisely that which places man at the greatest distance from the animal. The daily habit of the members of a household to sit down at a common table becomes the means of fostering the sense of family unity, the common repasts of literary and other societies are occasions for 'the feast of reason and the flow of soul; . . . the touch of the spiritual upon the physical transforms the physical, makes a physical act instrumental to a spiritual meaning." (Pages 135-136.) "The making of shoes is necessary, like the taking of food, but the making of the shoes itself will come to be regarded with a certain irony, as a necessity to which spiritual beings in the finite world are subject. It will not itself be the *terminus ad quem* of their efforts; it will be the means of creating between them certain personal relations, a certain ideally organic relation, namely a relation such that each of the different functionaries will seek to perform his task in such a way as to bring out the best performance of their diverse tasks by the others." (Page 143.)

This important end is to be accomplished by every worker. Instead of being a mere passive instrument, only just sufficiently human to obey the commands of a superior, he should (a) have his due part in originating the decisions to which he is subject, and (b) he should have the advantages of adult education, which should introduce him not only to the science that is enshrined in the process and the machinery, but into the larger geographical, psychological, and economic background of the industry with which he is connected.

At any rate, one cannot but wonder whether books like *The Re-*

*construction of the Spiritual Ideal* are not exactly the sort needed to give balance and perspective to people inclined to view things as too close-up and practical.

M. C. Otto.

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Insanity and the Criminal. By John C. Goodwin. New York: George H. Doran Company, 1924. 301 p.

The English have the knack of putting up a scientific subject in a bright wrapper for popular consumption and retaining in the process much of the accuracy of a technical piece of work. The ever-interesting topics of crime and punishment particularly lend themselves to this process. *Insanity and the Criminal* is of this genre.

To the initiated reader, however, such attempts are always somewhat disappointing. It requires a Maeterlinck's touch to bathe a technical subject in magical charm and to retain a strictly scientific attitude in the artistic process. When written by the ordinary author, such books are laboriously detailed with but little attention to underlying principles, and are painstakingly and painfully "fool proof". The popularization of a difficult subject, its metamorphosis into a would-be "best seller", frequently involves certain other faults of style and treatment. There is usually an heroic attempt to be witty, for example. Thus, speaking of the brain and its relation to mentality, the author of the present volume concludes his résumé of the various theories as to the nature and location of the soul with, "The only point on which the theologians and the scientists agreed was that they did not agree." (Page 24.) Of the same family is the following aphoristic gem: "The only certainty about physical heredity is its uncertainty." (Page 34.) A like use of this epigrammatical device is made in the headings of some of the chapters, which are entitled *Thoughts on Thought, The Sanity of Insanity,* and so forth. Such a style cannot fail to detract from the value of a scientific work, however much it may support a book's possible appeal to the all-suffering "general reader".

Then there is a wearisome use of the second person singular. Instead of treating his topic objectively, the author writes of "your psychic propensities", "your *medulla oblongata*", "your" this and "your" that, until the bewildered reader begins to feel as if some cruel fate had singled him out for the infliction of all sorts and complexions of organs, maladies, and propensities, and left the learned author virginally free of them. Do you know, gentle reader, that "your brain is practically divided, from front to back, into two

halves, the left half being slightly larger than the right''? (Page 22.) Do you realize that ''a pear-shaped bulb'' ''plays a not unimportant part in your mental life'', and that, moreover, ''it regulates the beating of your heart, and the heaving of your chest which accompanies your breathing''? (Pages 22, 23). And perhaps, dear unsuspecting reader, you are blissfully ignorant of the awful truth that ''the topmost layer of your brain is termed the cortex, which is an enveloping cover varying, in individuals, from one-twelfth of an inch to one-sixteenth of an inch in thickness, and embodies some one million, five hundred thousand cells, each measuring from one three-hundredth of an inch to one three-thousandth of an inch in diameter and constructed of several thousands of millions of particles of nerve plasm, each containing, among other constituents, hundreds of atoms of carbon, hydrogen, nitrogen, oxygen, and sulphur''. (Page 23.) Are not these colossal statistics alone appalling? But add to this the startling news that ''your brain cells constitute, of course, the most important factor of your brain, which, incidentally, contains some three thousand millions of them'' (page 25); and that ''both your cells and their fibers are extremely sensitive'' (page 27); and that—horror of horrors!—''in appearance your cells are not unlike a tiny jellyfish provided with not more than six legs'' (page 26); and then, only then, O ill-fated reader, do you realize the burden you are carrying through life! I might startle you further, but I believe I have already dealt you the *coup de grâce.*

But these are, after all, faults of style. As in most books dealing with a highly technical subject and written for mass consumption, there is a vagueness, if not an inaccuracy, in the use of terms. Thus one would hardly agree with the statement: ''Every man is insane for a definite period every day—when he is asleep.'' (Page 277.) This is obviously a bizarre use of the term ''insane''. But the most serious criticism of this work is that throughout there is a tendency toward unfounded generalization and misinterpretation of facts. Thus, to explain his epoch-making discovery that ''the sons of bishops have been inmates of both prisons and asylums'' (!) the author tells us that ''a parent may have a latent capacity for something which, through the operation of restrictive influences, he is precluded from expressing, or even discovering. His child will inherit that capacity which, in his case, may find an unrestricted outlet. Those who would decry heredity in such a case miss the point, which is that the son inherits the attribute, not because it was not present in the father, but because it was there, but lay there unnoticed.'' (Pages 157, 158.) Apparently, the

criminality or mental disorder of the errant offspring of bishops can never be due to environmental factors, which presumably are not operative in the case of bishops' sons. The author makes the same error of not taking cultural influences into account in exclaiming—anent Sutherland's dictum that "it is the climax of absurdity to imagine that the criminal could breed his kind"—"Which view is doubtless shared by the shade of Jukes, deceased!"

There are numerous instances where the author makes dogmatic statements, or gives "cases" without citing authorities. A few will suffice to illustrate the method of writing that type of book about which the publishers announce on the jacket: "Naturally, 'good stories' abound in the exposition of such a subject." Thus, the reviewer is certain that those readers of MENTAL HYGIENE who happen on the book would be curious to know something about the source of the following "case", even though they may have heard about it elsewhere: "A German patient, at the age of forty-two, sustained a head injury which was gradually succeeded by a period of maniacal outbursts and epileptic seizures. After his death in an asylum an autopsy on his brain disclosed the presence in it of a slate pencil three inches long. The curious feature of this case is that the pencil had not been driven into his brain during the accident, but had apparently been there all his life!" (Page 151.)

Again, the author dogmatically asserts that "the death rate from epilepsy among convicts is more than twice that of the general population". (Page 153.) This may be so, but we should like to know where the author gets his facts, and whether this statement is based upon figures statistically sufficient to establish it as a truism. Similarly, we are told that "we sometimes find people pointing to the fact that a man whose brother or sister has been convicted very soon takes to evil courses, and the temptation to attribute this fact to environment, or force of example or circumstance, is very great. But as it has been shown by statistics that in such cases the force of heredity is the more probable determining factor, we must resist the temptation to argue from false premises." (Page 161.) Here, again, we should like to have the authority.

Another interesting statement for which no chapter and verse are cited is the following: "It is a significant fact that after the reduction of farms workers' wages in Norfolk, in the autumn of 1922, the prevalence of insanity immediately increased in the districts concerned." (Page 161.) This is a type of information that is very important and the source of which should be carefully pointed out. The same carelessness of treatment is shown in the vague generalization, "Cases are known where the child, grandchild, and great-

grandchild of an insane or neurotic progenitor living in the country have passed their lives in the country with no apparent mental blemish, whereas the great-great-grandchild, though born in the country, has developed insanity on becoming a town dweller." (Page 162.)

As a typical example of sweeping dogmatism, the following is cited: "It is an axiom of modern psychology that if you will have the courage and patience to dig down deep enough for the causes of human conduct, you will find that they have a sexual basis." (Page 172.) This may be so. But there are many respectable psychologists who insist that Freudians have had no little difficulty in explaining the war neuroses as having a purely sexual motivation; and the author himself cites cases of phobias "due to an apparently non-sexual cause", without showing how they can be attributed to a sexual motive, even in the widest sense of the term.

While making some interesting contributions from the point of view of the American reader, the author continues to disappoint by his failure to give citations. Of these contributions for which no authority is given, the following may be cited: "It was disclosed, at a meeting of the London Teachers' Association, that the nerves of school children born during the Great War were greatly inferior to those of the others. Their parents were nerve-racked by air raids and poor and insufficient food; their children are accordingly condemned to crawl through life mentally and physically handicapped, and to transmit their imperfections of mind and body as an unmerited legacy to generations as yet unborn, as a War Memorial more enduring than stone." (Page 188.)

The author fails to cite important workers in various special fields of his subject. Thus, in discussing pathological lying at great length, he nowhere mentions the work and views of Healy on the subject.

In spite of the faults suggested above, there are excellent passages in the book, enriched by the author's apparently wide and deep reading. Among these, Chapter 1 constitutes a brief, though apparently accurate, historical outline of the psychoanalytic movement. There is also a good passage about the relationship of genius to mental pathology, illuminated with many interesting references to historical personages who seemed to be mentally disordered. The chapter on suicide, its psychology and ethics, is also stimulating, ending with Freud's pregnant quotation: "We are what we are because we have been what we have been, and what is needed for solving the problem of human life and motives is not moral estimates, but more knowledge." (Page 201.)

A thought-provoking chapter, also, is *Revenge or Reform,* containing a well-considered attack upon the solitary-confinement system, the "silent rule", and diet restriction, these being treated from the pragmatic, ethical, and psychological points of view. In addition, the book contains an interesting description of the humanitarian, as well as scientific, regimen at Camp Hill Prison, which institution, one of the best of those wherein the outlook is rehabilitative, instead of revengeful, is, ironically enough, reserved only for "habitual criminals". Will we ever get over our stupidities in the field of the peno-correctional treatment of the offender? Obviously, "the great fault of the Preventive Detention system is that half the time and energy of those who administer it is taken up in repairing the harm which the convict's previous dose of prison life has done to him. The treatment is applied at the wrong end of the convict's prison life. It should begin as soon as he has left the dock." (Page 216.) At this interesting point the author again leaves us anxious for more specific information as to the source of his allegation, when he says: "I would draw your attention to the fact that although all the convicts at Camp Hill are habitual criminals when they are received there, twice the number of those discharged from Camp Hill are never imprisoned again compared with those discharged from the ordinary convict prisons." (Page 216.) Even if the English reader can, we in America are unable to take such statements on faith, or to "take judicial notice" of these assertions. If the authorities at Camp Hill are really performing such marvels, we need to know much more about it. In spite of this fault, however, the author, in these chapters, is at his best, avoiding the use of tritisms, puns, and sallies, eliminating the tedious references to "your" this and "your" that, and displaying a literary style that is dignified and at times charming.

To the American reader the chapter on the Ronald True Case should prove of interest. For the general reader there is a good popular discussion of dream interpretation, and the concluding chapter contains some ever-interesting, if not novel, suggestions for the reform of criminal procedure.

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The Education of Exceptional Children. By John Louis Horn. New York: The Century Company, 1924. 343 p.

This book makes a valuable contribution to the discussion of the differentiation of the elementary-school curriculum for three major groups of school children, divided according to intelligence into the

"super-typical", the "typical", and the "sub-typical" and estimated as respectively 12 per cent, 70 per cent, and 12 per cent of the school population. Too many of our discussions of the classification of pupils according to mental-age scores, of educational guidance and adjustment, and of retardation and elimination have taken for granted our standard elementary curriculum. This assumption of the inspired origin, or at least the divine right, of this uniform and more or less rigid program of studies tends to make it the central fact in the elementary school. Boys and girls, with their individual differences in physical and mental development, in emotional stability and temperament, in present social background and outlook for the future, have been a secondary consideration. One would think boys and girls were made to go to school rather than that schools were made for the boys and girls.

Even where these differences in children have been recognized, adjustment has been frequently attempted by moving them up or down the grades of the standard-curriculum scale rather than by any differentiation in the curriculum itself, except in the case of those exceptional children who are mentally or physically handicapped in extreme fashion. Although we know that less than three out of four six-year-olds who enter school in September will be ready for promotion to the second grade in June, in most of our school systems we continue to enroll them in school under this uniform curriculum and to treat them all in the same way. The curriculum must stand even if children fall by the way.

The author correctly observes that sending some pupils along faster than others over this single track—whether, as formerly, by refusing to promote the more backward ones at each yearly or half-yearly reclassification or by permitting the brighter to skip grades—or even sending all pupils toward the same destination on a two-track or three-track plan, can hardly be considered a true differentiation. Modifications of a qualitative as well as a quantitative sort should be made.

Unfortunately for many who are interested in the much neglected highly gifted pupil or in the mentally subnormal group for whom the great majority of our special classes have been organized, Dr. Morgan carelessly dismisses both these groups, stating—but bringing forward little evidence to support his position—that "the present school cannot be, and ought not to be made to be, a place for the education of either prodigies (roughly the highest 3 per cent in a distribution according to intelligence) or feebleminded children (defined roughly as the lowest 3 per cent); and, further, that 94 per cent of the population, divided (as above) into three groups or schools, would doubtless

be better cared for in a differentiated manner adapted to their intelligence, if the other 6 per cent were definitely recognized as not presenting school problems.

"The lowest 3 per cent belong in institutions. The highest 3 per cent present a great social opportunity, but they are not educable in groups. Extraordinary individuality, the possession of characteristics that make against homogeneity for purposes of instruction, is the most distinguishing mark of intelligence at the highest level."

Probably the author had not had an opportunity to read Davies' *Social Control of the Feebleminded,* but he can hardly be excused for his apparent ignorance of recent trends of thought among those who know most about the problem of individuals at the lower end of the intelligence scale. No one of these would seriously suggest that it is desirable, even if it were possible, to segregate in institutions 3, or even 2, per cent of our children of elementary-school age. The modern point of view tends to place on the public school an even greater responsibility than has ever been felt before for the education and pre-vocational training of many of this group, especially of those who are emotionally stable and who have good home influences and supervision. It is unfortunate, even if it is held that these subnormal children do not belong in the public schools, that some discussion of their education and training has not been included in this book, partly because the title will suggest it and many will be disappointed at its omission, and partly because experimentation with this group has been pioneer work in the direction of the differentiation of the elementary curriculum about which the author is so justifiably urgent.

The answer in regard to the education of the highly superior or gifted group lies in the fact that successful work with these children is being done in public-school classes. Nor is the objection valid that these superior children have such "extraordinary individuality" as to compose a group too lacking in homogeneity to make group instruction feasible. As exceptional children, often coming from small families, used to conversing freely with adults, and likely to be uneven in their pre-school education, these boys and girls often have to learn to adapt themselves to group activity, but this very adaptation is one of the desirable outcomes of their school work.

Fortunately for the reader who is interested in either of the groups of 3 per cent, the highest or the lowest, so summarily set aside by the author, there is much material in his discussion of the education of the super-typical and sub-typical groups that is applicable to the very superior and the mentally defective respectively. It is undesirable, however, to speak of groups as numerous as these super-typical and

sub-typical pupils as "exceptional" children. Less fortunate is the reader who expects to find some discussion of the education of that considerable group of exceptional children who, though of about average ability in most kinds of school work and falling in the middle 70 per cent in I.Q. distribution, have special talents or defects. One would expect more on the education of this group than the mere inclusion of Dr. Leta Hollingworth's book on the subject in one of the bibliographies.

The properly designated exceptional children whose education is discussed are restricted to the following five groups: the incorrigible, those whose speech is defective, the blind, the deaf, and the crippled. Much interesting information has been brought together in regard to the city status of classes for these groups. Next to the valuable discussion of the principles of curriculum differentiation, the reader will find this treatment of differences in organization, method, and so forth in the larger cities of the United States the most valuable part of the book. Even here, however, there are serious omissions. For example, the work of Hayes on the intelligence testing of the blind, following that of Irwin and Haines, is not mentioned. Yet such work, by the author's own thesis, is fundamental in the differentiation of their curriculum.

The book will have little interest for teachers of exceptional children. It should be read by superintendents and students of elementary-school organization, not because it is a satisfactory treatment of the education of exceptional children, but because of its helpful discussion of curriculum differentiation.

Francis D. Maxfield.

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Fundamentals of Vocational Psychology. By Charles H. Griffitts. New York: The Macmillan Company, 1924. 372 p.

Professor Griffitts has rendered a signal service both to psychologists and to executives in the employment world by his effective statement of the scholarship of this subject brought up to date. Not only is his treatment as a whole comprehensive, scholarly, adequate, and readable, but on certain of the subjects he has been particularly happy in his statement. His discussion of the interview will prove a valuable check on a good deal of loose thinking on this subject, and his chapter on instincts and character is suggestive of a line of inquiry that will undoubtedly be pursued further to great advantage by research students in the near future. Indeed, his discussion of the relation of innate characteristics to the individual's total

response to life, and especially to employment, is highly suggestive. His analysis of the motivation of young people as they start in search of vocational opportunities is a valuable corrective of the "economic-man" notion usually postulated in the economics on which most of us have been trained. This whole statement lends a slight measure of statistical reinforcement to the contention urged by Professor John Dewey that the statement of motives made to-day by those actively in business is not to be relied upon as an accurate account of their own drives and desires.

This book promises to stand for some time as the best discussion in one volume of what we know about a science of vocational selection. If the residuum of constructive proposals seems remarkably small, that conclusion is a correct inference from the facts when viewed as scientifically as they are by Professor Griffitts.

Ordway Tead.

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Twenty-five Years of American Education. Edited by I. L. Kandel. New York: The Macmillan Company, 1924. 469 p.

It is probably fair to say of the public mind that it does not regard educators in general as a radical body disposed to discard the *status quo* and set up a new order. Nor is it generally believed that the public schools are undergoing a revolutionary transformation. Nevertheless, if a pedagogical Rip Van Winkle had strolled off with his dog and gun twenty years ago and were to return to-day, he would encounter as many startling changes as greeted the original Rip Van Winkle in his Kaatskill village. Take the following rapid survey of new undertakings, which I quote from the chapter on finance in the book under review:

"During this period school costs have mounted by leaps and bounds. New policies of school support have been adopted and others are now in the process of early experimentation. New conceptions of what our public schools must endeavor to do for the millions of children who, year after year, pass in and out of their schoolrooms have led to an expansion of the course of study and to the attempt on the part of our public schools not only to furnish new types of instruction, but to provide many types of physical care almost undreamed of by the directors of public education a quarter of a century ago. Some of the projects well-nigh unthought of at that time, but which the public schools of to-day are undertaking, are suggested by the following list: medical inspection, health supervision, dental clinics, psychological clinics, open-air schools, supervised play,

special schools and classes for blind, deaf, crippled, and mentally backward or deficient children, care of truancy cases, home visiting, public kindergartens, extensive programs of physical and health education. During the period under consideration a number of states have enacted free textbook laws, and laws providing for continuation classes for minors engaged in industry. The federal government has entered upon a national program for the promotion of vocational education. A number of private foundations, possessing in some cases almost fabulous endowments, have been incorporated and are to-day making generous contributions to the promotion of public education. This period has seen a steady decline in the relative importance of the part played by the state in financing our public schools and a greater and greater tendency to make the locus of responsibility the local school unit and to place the major portion of the burden upon it."

Or consider the development of some one department of public education, such as, for example, secondary education. In the past twenty years one public high school has been established for every day in these years, and the enrollment has grown from about 519,000 in 1900 to over 2,000,000 in 1922. That is, the enrollment in public secondary schools has increased two-and-one-half times as fast as the population of the country. When we look at the character of this enlarged enrollment, we discover a student body as varied as the many-colored coat worn by Joseph of old. And, in consequence, the schools are rapidly transforming their methods of teaching and their courses of study with a view to equipping their students more effectively for a variety of life goals.

The secondary school is a striking illustration of changes, but the same is equally true of any phase of education one cares to take. Not only have the traditional instruments of education undergone transformation, but new undertakings have sprung up and are thriving. Labor education as a separate undertaking is a husky child. Extension classes are being organized in connection with leading universities and are carrying education to people in all walks of life and with all degrees of preparation. Technical schools and research foundations of every variety abound. If one were to attempt a truly comprehensive survey of the developments in American education in the past twenty-five years, one would be assuming an encyclopedic task.

This will explain the paradoxical statement that Dr. Kandel's efforts have resulted in an excellent book with glaring defects and omissions. These defects are partly inherent in the undertaking and to a large degree are due to the limitations imposed upon the editor

in selecting his collaborators. (The book was written by former students of Paul Monroe in honor of the latter's twenty-five years of service to Teachers College.)

With one or two exceptions, the book was written by men in university positions who are teaching courses in the fields described. Dr. Kandel contributes an excellent survey of the development of courses of study in schools of education during the period under review. The chapters, *Tendencies in Educational Philosophy, Developments of Educational Psychology,* and *Developments in Method,* by Professors Kilpatrick, Leary, and Maddox respectively, are well done. There is considerable overlapping, to be sure, but one secures a clear idea of the influences that lie back of present theory and practice.

These influences are, first of all, our Puritan tradition, with its insistence upon arbitrary discipline and its emphasis upon the evil in human nature. Then came the Pestalozzian object lessons and an insistence that pupils understand what they were taught. In the 1890's the Herbartians gained ascendency, with their fruitful doctrines of interest and apperception and the culture-epoch theory. These stimulated attention to method and led to an enrichment of the curriculum, although Professor Kilpatrick believes that the greatest contribution of the Herbartians (as also that of the Hegelians, through Harris, and the Froebelians) consists rather of a stimulus to an examination of our educational foundations than of any permanent deposits of method or subject matter. To the European stream of educational influences we must add the more recent contributions of Francis W. Parker, John Dewey, and Edward L. Thorndike. Dewey in particular took Froebel and Herbart as raw materials with which to create a new and original educational philosophy that would harmonize with modern science and American political, social, and economic needs. Thorndike's influence is emphasized by many of the contributors, not alone with regard to general methods, but upon such specific movements as the development of psychological and educational tests.

I have mentioned in particular the chapters dealing with philosophy and method because they are, in the main, the best chapters. Their excellence sets in relief some of the defects in other portions of the book. For example, in the chapter on elementary education, by Charles L. Robbins, we have a summary statement which only skims the surface of the changes in elementary education. It fails to portray adequately the transformation of the school into a socializing agency. It practically ignores the new developments in educational procedure in the early school years, and it omits entirely a discussion of the contributions of experimental schools to elementary education.

In this chapter, as throughout the book, the title is tacitly assumed to read "Twenty-five Years of American *Public* Education", and in consequence there is a failure to portray within public education the molding influences of private agencies.

One cannot discuss adequately in a review of this character each chapter in the book. Of the first chapter, however, *General Historical Background, 1897–1922,* it is sufficient to remark that it has no organic relation to the book. Readers of MENTAL HYGIENE will feel the omission of the psychiatric point of view in such discussions as that of Principal Reigert's in *Education of Exceptional Children.* He writes almost entirely from an administrative point of view and he fails to deal with the new methods of treatment and diagnosis of exceptional children, whether by this term one means the halt, the lame, and the blind, or the gifted child. Professor Cubberly writes on public-school administration entirely from the standpoint of college courses on the subject, and the reader, like the prisoners in Plato's cave, is left to infer a real development in school administration from the shadows in the way of a description of courses and texts that pass before him. The late Alexander Inglis succeeds admirably in giving one, in brief space, a thorough appreciation of the quantitative and qualitative changes in secondary education. Thomas Woody begins his chapter, *Vocational Education,* with a dry statistical discussion, but if the reader will turn to the last half of the chapter, he will find one of the best and sanest of discussions on the present issues in vocational education, both from the standpoint of the individual child and with reference to the development of federal activity in this field. The last four chapters are devoted to the education of women, education in the South, education of the Negro, and education in the United States possessions. The reader who begins each of these chapters as a result of a sense of duty will find them not merely, in the conventional phrase, "interesting and instructive", but profoundly impressive as well. The significant developments in each of these fields during the past twenty-five years testifies to the editor's good judgment in devoting special chapters to their discussion.

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SPECIAL TALENTS AND DEFECTS: THEIR SIGNIFICANCE FOR EDUCATION. By Leta S. Hollingworth. New York: The Macmillan Company, 1923. 216 p.

This slim volume fills the need, long realized by all who work with school children, of a comprehensive discussion of talents and defects, bringing together material that up to now has been available only in

as many different books as there have been studies. Since the aim of the book is to emphasize the nature and significance of such talents and defects rather than methods of treating them, there are summaries of investigations, of conclusions based on these studies, of questions raised by them or left unanswered, and some discussion of the psychological and neural bases for talents and defects. Dr. Hollingworth in her preface again makes clear the principle that educational training must be based on "idiosyncrasies of original endowment". Not all of us realize even yet how inflexible and static the system still is in the public schools, where the bulk of the nation goes for its training. Professor O'Shea, in his introductory pages, sketches the signs of development in education, which are mainly a decrease in the use of reward and punishment and an increased adaptation to individual differences.

The first three chapters are preparation for the material on which the book is based. This is especially useful for teachers whose time for the study of educational psychology has been limited or whose opportunities have not been so great as they would like. The first chapter contains some definitions of terms and an explanation of the distribution of mental functions on the probability curve. There naturally follows a chapter devoted to theories of intelligence and attempts to measure relationships between mental functions. The danger of accepting correlation coefficients without thorough interpretation is very great in an age where many are attempting to prove everything by the correlation method. Those traits least correlated with general intelligence, and so more properly to be considered as special, are, for example, drawing, music, and mechanical aptitude. Dr. Hollingworth offers as bases for the selection of special traits either the degree in which the central nervous system is involved in contrast to the involvement of the sensori-motor system, or the degree in which a trait is useful for survival. There is at present subjective evidence for belief in both theories; it remains to be seen what objective tools of measurement can be devised. The third introductory chapter is concerned briefly with the question of the neural correlate to the mental function. Dr. Hollingworth believes, in accordance with the evidence of neurologists, that there is no peculiarity of restricted cortical areas which corresponds in a given case to innate disabilities or talents. In cases of acquired disability we still have the phenomenon of restitution, so the whole question is left open.

The reading problem can be divided for convenience into mechanics and comprehension, but it is understood that the overlapping is very great. Discrepancies are greatest between the mechanics of reading and the I.Q. and least between comprehension and the I.Q. Histori-

cally, it is interesting to note that the more recent studies all emphasize prolonged analysis followed by individual teaching, taking into account not only organic defects and the obvious functions of auditory and visual association, but also the perceptual, kinæsthetic, motor, and emotional factors. To persons closely connected with children's clinics, the attitudes that are built up toward school work or school authorities, no matter from what they originate, reflect on achievement in the most vicious circle; so that occasionally it has been found necessary to make as much social readjustment as possible before the child is able to profit by specialized instruction. In the detailed account of one of Dr. Hollingworth's own cases, a very extreme one, the procedure is clearly indicated, with most encouraging results. The author, because of the known success of various methods, advocates the use of all of them in combination, with emphasis on the ones that will be of most use in any particular case. As usual, most of the investigations have been concerned with the lower end of the curve of distribution, but at least a word must be said for the appearance of reading *talent*. For the normal child the studies made and to be made, in the field of reading, have extremely important implications, in that we will be able to teach them more efficiently and in time may raise the norms.

Closely allied to the reading problem is that of spelling disability. The process of learning to spell is analyzed into six steps, each of which is discoverable in an intensive analysis and can therefore be treated separately. Though no subject is learned without the formation of specific bonds, spelling English words probably requires the learning of more bonds than any other elementary-school subject. That, as the author points out, is what makes it peculiarly difficult for your uninterested, unmotivated, unstable child. Next are discussed the possibility of the inheritance of spelling defect; the relation of reading to learning to spell; and the correlation between I.Q. and spelling, and between reading and spelling.

The third subject which appears as a special talent or defect is arithmetic. We can again make a twofold division, into mechanics and problem solving. The implications for education are, then, as follows: (1) any bonds necessary for facility in the mechanics, which have not been formed, must be learned; and (2) once the mechanics have been learned, they serve so far as possible in problem solving, but comparatively little can be done in training this less specific function because of its dependence on general intelligence. Many of those specially endowed in arithmetical ability have been rapid calculators, with a genius for short-circuiting the mechanics.

*Mathematical* genius will never be found independent of general intelligence because it requires a high degree of analysis.

The last three chapters are concerned with those functions more accurately called special since they do show decidedly lower correlations with general intelligence than other functions do. In the consideration of drawing, five facts of importance for educators stand out: (1) that in spite of its existence as a special ability, we demand it of all our pupils in sciences, geography, or mechanics; (2) that it is analyzable into many kinds; (3) that these kinds vary in their relation to general intelligence; (4) that these various and variable factors exist in some degree in all people; and (5) that there is no proof that extreme talent in drawing is a compensation for an "unscientific" mind.

We demand of our public-school children attendance in music classes although there is conclusive evidence that musical sensitivity correlates about zero with general intelligence. There are, however, functions of musical action which Dr. Hollingworth thinks are more susceptible to training. To adults it is a warning not to plan children's careers without due regard to their innate capacities. This applies equally to all mental functions. Every social worker knows of cases of such "projected" desires and the misery that can be caused by them.

There still remain four functions connected with educational problems with which Dr. Hollingworth closes her discussion—left-handedness, mirror-writing, mechanical ability, and leadership. The first is important because of the emotional upset that may accompany a forced change to right-handedness. The second must also be guarded against in left-handed children. Of the third it should be said that mechanical ability has a fairly low correlation with general intelligence, but that the popular notion that it is a providential and kindly compensation for low intelligence is unsound. Leadership is discussed briefly with regard to the delimiting effect of an I.Q. that deviates widely from the norm of a group in either direction, and in its relation to character traits and personal appearance.

There follows a final plea for a more plastic educational system in consideration of the many individuals who differ widely from the median. Especially ought we to recognize the danger to society of neglecting our most highly endowed. It is usually the unfortunate deviates who attract attention first, but there is every hope that a goodly share will be shunted to those far more able to profit by it.

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Political Action: A Naturalistic Interpretation of the Labor Movement in Relation to the State. By Seba Eldridge. Philadelphia: J. B. Lippincott Company, 1924. 382 p.

This suggestive work is a consideration of the importance of instinct, habit, and emotion for individual action and social control. The psychological orientation is primarily that of McDougall's *Introduction to Social Psychology,* but with plenty of evidence of contact with the writings of Thorndike, Wallas, and Trotter. There is also a chapter which demonstrates that the author is well acquainted with the criticisms, by Kuo, Kantor, Dewey, Ayres, Josey, Bernard, and others, of the attitude toward instinctive behavior held by such writers as Thorndike and McDougall. The author also includes a brief chapter on the criticism of psychological determinism in general by the cultural determinists such as Hobhouse, Ogburn, Lowie, Wissler, Sumner, and others. But this knowledge of the present controversy over the nature and place of instincts in individual and social behavior has not affected in any vital fashion his treatment of the subject matter of his book. The point of view and essential premises are those of McDougall and his followers, though the exploitation of this position is moderate and discriminating.

The book examines the instinctive basis of social behavior, the bearing of this on the class struggle, the possibility of resolving, adjusting, and eliminating this conflict, the possible function of political action in taking control of the economic processes of society, the fundamental tenets of the liberal political philosophy, and the nature and degree of successful political action in the future.

The author's view of the possible degree of intellectual control over political and economic processes is distinctly pessimistic. His views are to a considerable measure a combination of Graham Wallas' notion of the slight amount of rational control in political processes with the comparable opinion of Veblen, Tead, and others that the place of reasoned judgment and quantitative analysis in the field of economic behavior is equally inconsiderable. "We saw in our discussion of curiosity that but few people are endowed with the type of curiosity and intellectual ability to equip them for dealing intelligently with large impersonal issues that are at all complicated. Some few there are who have the interest and the ability to work through the evidence bearing on such questions to well-grounded conclusions in regard to them, and this quite irrespective of the implications of the hypotheses entertained for their own personal fortunes. . . . We have, then, this situation: An exceedingly complex civilization has been developed through the specialized

activities of myriads of people, living and dead, and yet our minds are not capable of dealing with that civilization intelligently. Not only are there no people with intellects capacious enough to make possible an acquaintance with and understanding of this civilization in all its complexity, but the intellectual abilities of the great mass of people are of such an order that the knowledge and the understanding which we do have cannot be availed of save to a very limited extent. This brings us back to the political behavior of our average man. This creature is in the predicament of having to react to highly complex situations through mental faculties adapted only to very simple situations. . . . More concretely, the political behavior of our average man is largely determined, like that of his primitive ancestors, by his instinctive likes and dislikes, by traditions and habits acquired more or less passively from the environment, by his material interests, in so far as he can puzzle out their political implications, by the suggestions associated with the groups of which he is a member. . . . The general conclusion to be emphasized here is that the intellect does not function in the mass of people to synthesize or harmonize interests, sentiments, and ideas which might bring men into conflict. It furthers or fosters these divergent interests, attitudes, and ideas, and, so, facilitates conflict and misunderstanding instead of preventing them. As we have shown, this non-rational behavior is about equally characteristic of different social and economic classes. As a general rule, habit, tradition, class interest, and mass suggestion are dominant throughout." It should be noted here that Eldridge goes further than most critics of the intellectualistic hypothesis. It has been generally held by such critical writers that the intellectual powers of the capable minority are equal to the task of meeting the problems of our complex civilization, but are prevented from so doing by the power of instinctive and habitual types of behavior operating on an emotional plane, and because of the fact that the majority of citizens are of mediocre or less than mediocre ability. Eldridge contends with force that even the best intellects, equipped with the most accurate available knowledge, are not likely to be able to envisage and control the complexities of the present age. If this is true, then there is indeed slight promise in the future of humanity.

The fundamental position outlined above has a direct bearing upon the problem of the struggle of social and economic classes, which is to-day chiefly that of capital against labor. The author endeavors to demonstrate the fact that, with a basic divergence of interests, the social forces derived from instinct and habit operate to render the conflict at once inevitable and incapable of a rational and constructive

compromise, adjustment, or solution. The prospect seems to be one of a blind and wasteful struggle, which he believes will end in the triumph of labor. This position that the class struggle rests fundamentally on an emotional rather than an intellectual motivation and direction is a somewhat original and important assertion. The Marxian doctrine has been much criticized of late on the ground that people do not act from conscious perception of class or group interests, but from instinct, custom, habit, and other emotion-bearing impulses. Eldridge argues that these very instincts and habits that collect around a definite set of interests will produce the class struggle which Marx assumed to rest upon a clear and conscious perception of divergent material interests. While his thesis must be regarded as standing or falling with the validity of his psychology—something that can scarcely be determined at this stage of the development of the subject—his analysis of the bases of the class struggle is one of the most important brief psychological attacks upon the issues to be found in recent literature.

The analysis of the above material, which occupies more than two-thirds of the book, is but an extensive prolegomena to the pivotal element in his work—namely, the degree to which the complicated and perplexing problems of the contemporary age can be controlled and directed by means of political action. To what extent, for example, can this instinctively and habitually motivated class struggle be mitigated or resolved through the intervention of the human intellect as manifested in the state? The school of thinkers who espouse the position that the state can express the human intellect in a collective and telic fashion, and can handle our contemporary problems quite adequately, are commonly designated as the political liberals. This leads Eldridge into an examination of the soundness of the tenets of political liberalism. These he summarizes as follows:

"We may deduce at least five assumptions as underlying liberal thought on political questions. *First,* liberals assume that divergent social interests can be integrated or harmonized by means of ideas or intellectual convictions arrived at through discussion. *Secondly,* they assume that a majority of people are capable of arriving at sound conclusions in regard to public questions. *Thirdly,* they assume that these conclusions will be normally determined by considerations of social justice or social expediency. *Fourthly,* they regard 'freedom of discussion' as a guarantee that political proposals all have a substantially equal, or at least a fair, chance of getting themselves considered and disposed of on their merits. *Fifthly,* they believe that democratic political institutions may be made to translate

into action the wishes of the people as thus rationally and ethically determined."

Eldridge considers these premises in a long and careful critical analysis, and shows that if one accepts his interpretation of individual and social psychology, no one of these five basic postulates of political liberalism possesses any substantial validity. Especially convincing is his comment on the freedom of discussion, and on the modern type of representative government as an effective means for translating into action the rationally and ethically determined wishes of the people. He shows clearly the fallacy in assuming that because there may be no serious legal restrictions on freedom of expression all groups are equally free to express their opinions, and that public opinion will crystallize around those views which have the greatest degree of inherent truth and merit. A man may be legally free to express his views, but find every sort of actual obstruction present in the form of diverse types of herd opposition and persecution. We may be free to say what we desire to, but may at the same time find it impossible to secure any significant vehicle for such expression or to locate any significant audience to hear us. An erroneous platitude delivered before a great audience or through an influential public organ will have more publicity and effect than the most sagacious utterance presented to a corporal's guard in a basement. "We may grant that we can always find an audience when we have something to say; and that we all of us have a few friends at least who are good enough to listen to us, and who are more or less influenced by what we say. *But the nature and size of our audience will depend on the kinds and amounts of the facilities for discussion at our disposal. Now this command of facilities will not itself depend, as a rule, on the validity of the ideas to be expressed or the knowledge and understanding with which they are supported.* . . . For a positive freedom of discussion to be a reality, *equally large and constant* audiences must be available to rival ideas and programs, for otherwise one set of them may have so great an advantage over the other set that the latter will not have a fighting chance of victory."

The present method of representative government, based upon purely territorial constituencies, makes it well-nigh impossible for any representative to express the wishes of his constituency. The dominant groups control either his election, the lobbying that dictates the laws, or both. "The conclusion must be that democratic political institutions do not, and indeed cannot, accurately represent the expressed wishes of their constituencies. Just as the class in power largely determined the wishes of the constituencies themselves, and prevents them from being too radical, so it intervenes before these

wishes, however determined, can be translated into action, and secures a result even more consonant with its interests." From many points of view political democracy possesses serious and "incurable defects" as a mode of control of a complex industrial civilization.

This brings Dr. Eldridge to his significant conclusion as to the serious and specific limitations on "political action" in the present age. Political action is not likely to secure any fundamental alteration of social and economic institutions, as politics and political activities are but a reflection of the underlying and determining economic and social conditions. Representative government can deal successfully only with those few and relatively unimportant situations which in no vital way involve deep-seated class interests. He is convinced that there is little probability that a victorious labor party can be organized in the United States:

"The dominant press will, as in the past, continue to befuddle the issues and succeed in preventing a large proportion of the laboring class not already tied down by habit and tradition from seeing where their true interests lie. A considerable proportion of labor, particularly the professional groups, will never realize their membership in the class. Farmers and small tradesmen will be deterred even more easily from combining with labor to serve their joint interests. Any legislative victories which a growing labor party may be able to secure will be rendered nugatory to some degree by our courts and executives, and this will tend to render ineffective the party's appeal to unconverted groups which substantial victories might attract to it."

His view is apparently that if the radical party wins in this country, it will be through a struggle based upon economic tactics and physical force rather than through a capture of the political machinery. He does not commit himself to any particular program of economic, social, or political reform, and followers of Judge Gary, Samuel Gompers, the Guild Socialists, or the Syndicalists might legitimately claim him as an adherent of their philosophy. But whatever scheme, if any, he may secretly favor, the core of his doctrine is the inadequacy of political control. His book is unquestionably the most effective assault yet made in the English language upon the rationalistic tenets of political liberalism. It goes far beyond Graham Wallas' *Human Nature in Politics* in this respect from the standpoint both of thoroughness and of cogency. Indeed, his critique, if valid, would throw serious doubt upon the soundness of Wallas' own constructive theory as expounded in the two books that followed his *Human Nature in Politics.* The results of November 4, 1924, will to many seem a convincing confirmation of Eldridge's thesis.

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THE FIELD OF PSYCHOLOGY: A SURVEY OF EXPERIENCE, INDIVIDUAL, SOCIAL, AND GENETIC. By Madison Bentley. New York: D. Appleton and Company, 1924. 545 p.

Alarmed by the "instability and unrest" in the field of psychology, Dr. Bentley has come forward with the apparent intent of rescuing the science from the "restless activity" of behaviorism, the "psychoanalytic rites of purification", and the "human measuring rod for intelligence", which he seems to consider a magician's wand for performing "clinical divination". A careful perusal of *The Field of Psychology* leads one to believe that this is his real motive, although he avows the less Quixotic aim of attempting a redintegration of old and new methods. This, he says in his preface, "means the salvaging of all that is worth keeping from the psychological labors and laboratories of Europe and America; and it also means the extraction of whatever is psychologically substantial in Freudian doctrine, in behaviorism, in phenomenology, in the alleged arts of 'testing intelligence', in the attractive doctrine of the *Gestalt,* and in all the other products and proposals of recent years".

Whatever his real purpose, Dr. Bentley seems to have found little outside of the laboratory that he considers worth including in the domain of psychology. For the most part, he does not even describe these new phases of the science, or enter into any critique or evaluation of their relative merits. In general, he writes as if they were non-existent. He disposes of psychoanalysis with an occasional passing reference, and condenses his disapproval of the intelligence tests into a few brief paragraphs. A good part of behaviorism is dismissed equally summarily. It is a concession to find a short chapter on emotion, even though an exceedingly inadequate one. Dr. Bentley conceives of emotion as the simple "apprehension of predicament". Although studies of the conditioned reflexes preoccupy him for several pages, he does not note the conditioned emotional response in discussing the subject of emotion. Watson's experiments on the conditioning of emotional reactions, as well as data from psychopathology, indicate rather definitely that the type and degree of emotion is frequently determined by other factors than the nature of the immediate predicament. Yet such significant facts have been totally disregarded.

In view of the vast amount of other and perhaps more demonstrable data which Dr. Bentley has rejected, one wonders how he chanced to accept certain tenets of genetic psychology. He is apparently quite convinced of the influence of racial experience upon the individual, however, and devotes a chapter to this exposition. At the same time, he disagrees with those psychologists who have developed any theory

of instincts from these premises, and prefers to use the term *habituation* to cover these phenomena.

When it comes to a survey of the contributions that the laboratory has made to psychology, Dr. Bentley's discussion is exceedingly inclusive. In fact, the major portion of his book is devoted to a presentation of this long-familiar data. Here detail is not spared; even the traditional illustrations of the taste buds, the organ of corti, and many other similar diagrams are included. It cannot be denied that Dr. Bentley is thoroughly master of this field, and that when he makes criticisms, they are keen and to the point.

The fact remains, however, that as a survey of the field of psychology *in toto,* the book distinctly lacks judicial proportion and balance, and is characterized by a notable lack of scientific open-mindedness. Even though the author may personally distrust the newer psychological methods, even though it be true that they are still to a great extent plastic and unformed, the reader has a right to expect a description and attempt at evaluation of behaviorism, psychoanalysis, and clinical methodology in equal detail to that bestowed upon experimental psychology. To decide arbitrarily upon such an omission is consistent neither with the purpose outlined in the preface nor the title. The field of psychology is not where any one of us might like to circumscribe it; its boundaries lie where all the workers in the field extend them.

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*Child Guidance Demonstration Clinic No. 1.*

FAITH AND HEALTH. By Charles Reynolds Brown. New York: Thomas Y. Crowell Company, 1923. 284 p.

It may be well to have the reaction of a physician to this book, but it should, at the start, be made clear that the physician is in a position to review it adequately in only one aspect of it. Although it is delightfully free from the traditional staidness of the theologue and often becomes kindly playful or amusingly trenchant, and breathes throughout a wholesome, common-sense freedom, there is, nevertheless, an important structural component, both of style and of content, which is theologically professional, or at least of the manner that leans on a presumption of a universal understanding and acceptance of a certain religious attitude. It is before this aspect of the book, it seems to me, that the physician is inadequate.

With this exception, there is much in the book to challenge the interest both of the physician and of the layman, as well as of the

churchman. The high note of the book is struck in the chapter on the gospel of health. The kernel of the author's very sane criticism of healing religious cults may well be taken to heart by the physician and by the whole mental-hygiene movement. The cults that make health their main objective are, in the opinion of the author, emphasizing the side show and forgetting about the performance in the main tent. It is desirable to have good health, but it is of greater importance that the healthy individual possess noble purposes and strive to gain a technique for applying himself fruitfully to those purposes. This is less likely to need stressing with mental hygienists, for obviously there can be no genuine mental hygiene without actuating motives that aim far and beyond what is merely utilitarian. Mental hygiene, in its ultimate aim, is just the making it possible for the individual freely and joyously to fulfill his natural duties in a way consistent with a progression from a crude, selfish utilitarianism toward an enlightened altruism. This level-headed insistence upon not forgetting the primary in an enthusiasm over an important secondary seems to be close to one of the author's main purposes.

This is especially developed in the next to the last chapter of the book. Of the six preceding chapters, four deal with modern faith cures and cults, including Christian Science, the Emmanuel movement, and Coué. These four chapters are framed by the first chapter on the healing miracles of Christ and by the sixth on the healing power of suggestion. There is a concluding chapter on the church and disease.

The author deals with the healing miracles of Christ in a noncontroversial, discriminating, reverent, but firmly believing manner. He does "not think of these miracles . . . as introducing disorder into a world of law". The quality of Christ's "character, the measure of His spiritual insight" prepare us to believe in advance "that the great physical order which enfolded Him, as it enfolds us all, may have made to His approach and efforts a response altogether exceptional". The author emphasizes the employment of miracles by Christ as a means to a spiritual end. He recognizes the neurotic character of many, if not most, of the ailments cured by Christ, and calls attention to Christ's method of enlisting ordinarily "the coöperation of expectant faith on the part of the sufferer with the redemptive action of his own strong, wise, and sympathetic personality, to the end that recovery might come". Thus the author conceives the cure as turning largely upon the sufferer's faith in the presence of a Divine Personality.

In the next chapter, on modern faith cures, the author displays his especial aptitude for keeping a footing on solid earth. He dis-

cusses generously and sympathetically some of the outstanding figures engaged in faith healing, such as Simpson, Dowie, and Hickson. All of these in their ministry appear to display an especial facility for creating receptive expectancy. Yet it is to be admitted that expectancy of cure by faith "is most alive on the frontiers of discriminating intelligence". But faith is represented as existing in various degrees—from that of the cautious assent of the intellectually trained to the "eager assurance and feeling of certainty which leads its possessors to put into the effort for recovery all the energies of mind, heart, and soul, enabling them apparently at times to clear all obstacles at a bound in the attainment of their desires". Thus the intelligence and temperament of the individual in great measure determine the utility of the principle of faith for recovery. Again, faith as a curative agent depends upon the nature of the disease. The author finds somewhat accurate grounds for asserting that about two-thirds of those who have been "cured" by faith die within two years after the "cure" of the disease they were said to have had. Yet, eliminating from the remaining third who stay well those who suffered from nervous or mental troubles, the author finds that "there still remains a nucleus of success to be considered".

In Christian Science the author finds a strained formulation to meet certain demands, among them those of health. He is of the opinion that it has helped a considerable number of people out of misery of a sort, and, distorted as it is, has given them and others something better than they had before to think about. Yet, recognizing this, he finds it particularly dangerous in its tendency to teach a disregard for the ordinary sanitary laws and principles of hygiene, especially those relating to communicable diseases. He refers to the speciousness of claiming cure when the diagnosis is obviously inaccurate.

To the originators of the Emmanuel movement the author pays marked tribute. He feels that it has much that is sound in principle. It recognizes the limits of the applicability of faith as a healing measure and does not attempt to work indiscriminately. He, however, sees reasons which satisfy him that a general spread of this movement would be unfortunate. He is of the opinion that few ministers are qualified to do this work which requires a laborious study of each case. Even if qualified, he thinks the minister could not, for lack of time, do this and the work required of his ministry. A minister, moreover, could hardly be expected to recognize the development of an organic condition arising after the treatment had begun, a responsibility which he could not honestly evade. The author is skeptical also of treating in classes disorders that require the utmost indi-

vidualization of treatment. It appears to him, further, unsound to select a single therapeutic principle, such as suggestion, and rear upon it a department of church activity. He is strongly of the opinion that the spiritual needs of the patients would suffer, just as physical needs would if the physician were to concentrate on ministering to the spiritual needs of his patient. He feels that the minister and the physician should coöperate, but that each should remain chiefly within the field in which he is especially trained.

The method of Coué, the author finds, has much to commend it. Yet he feels that Coué's personality has much to do with his success. Coué claims no particular power himself and assumes credit for acting only as an agent to call out the latent powers of the patient for the latter's benefit. While he regards Coué as commendable in his employment of the principle of suggestion, he feels that Coué does not recognize that moral conditions have much to do with health and disease and does not "link up his method with the values and energies of a clearly defined religious faith". He feels that, for the old thoughts compelling disorder, there should be substituted thoughts spiritually higher than those of merely getting better day by day.

In the chapter on the healing power of suggestion, which fitly follows that on Coué, the author presents nothing in principle not implicit in the chapter devoted to Coué. He goes more into detail. He regards thoughts as "dynamic things". "Prevailing habits of thought tend constantly to register themselves in bodily as well as in moral conditions. Weakness of the will and irresolution, fear, worry, prepare a soil favorable for the seeds of disease and aid in its development." By suggestion he means "the influence exercised upon the body by the subtle power of ideas". After the doctor cures them, many people refuse to get well owing to the momentum of their trends of thought. For such individuals, and especially those with a tense reaction, he recommends a frequent repetition of words whose connotation is quieting and relaxing. He suggests the words: "quietly, easily, restfully, trustfully, patiently, serenely, peacefully, joyously, courageously, confidently". He presents, also, a series of phrases from the Scriptures, which aim in part at securing healing and in part at securing sleep. He exhorts the sufferer to get it out of his mind that he is a helpless victim. While the author's psychology appears in part to get the cart before the horse, this chapter abounds in wholesome, common-sense advice, reveals his keen insight, and is well worth study by any one.

The responsibility for an advance in moral and spiritual well-being commensurate with material advance the author conceives as devolving upon the church. He feels that it is the function of the church to

aid in forming public opinion to support measures and organized efforts to advance the causes of health, instead of taking an active part in the cure of disease by establishing departments for that purpose. It is the office of the church to instruct its following that it may "have poise and balance, and a finer quality of moderation". This the author develops in his concluding chapter on the church and disease. He reinforces his opinion that the church has its field of action and that its efficiency is impaired if it invades the field of medicine.

The foregoing is what appears to be the main line of thought in this excellent little book. Nevertheless, the psychiatrist knows that much of what the author conceives as the function of the minister of the church toward the moral welfare of the individual, he, the psychiatrist, finds is only too often left to him. The minister, it is not unfair to say, is too prone to preach the need of moral well-being and fail in the matter of teaching a technique—at least an adequate or available technique—for attaining it. No doubt there are greater deficiencies on the part of the physician. It is certainly desirable that he learn more about the fundamental principles of human behavior and apply them in the higher interests of his patients. On the other hand, perhaps the minister has yet to learn the advantage to be derived from turning over his more recalcitrant charges to the psychiatrist for help. This would eventually reveal to the minister that behind faith and suggestion there are determining forces manageable to such a degree that it is not absurd to anticipate in this field of moral training the time when groping, present-day methods will appear archaic.

G. S. Amsden.

*Albany Hospital.*

The Criminal as a Human Being. By George S. Dougherty. New York: D. Appleton and Company, 1924. 290 p.

The author begins by relating the circumstances that determined his career and explaining his general attitude toward criminals. He then acquaints us with the methods employed by detectives, especially with the "gentle arts of shadowing and roping". A chapter on the "stage management of crime" makes us realize how carefully certain crimes are planned and carried out, and the parallel that he draws between them and theatrical performances, between the criminal and the actor, is convincing. The methods used to obtain confessions from criminals are discussed under the title *The Human Third Degree.* A few chapters are devoted to specialists in crime: *Blackmailers, Jungle Folks—Dinner Thieves and Pickpockets, Stickups and*

*House Prowlers.* We are made acquainted with the methods of work of these various specialists and with their characteristics. We are finally invited to "meet the real city detective", and whatever false notions we may have about him from "movies" or literature are dispelled.

The book is written by a man who, after long and successful work among criminals, has something to say. He says it without any pretense at being systematic or theoretical; he is satisfied to tell us simply and informally the results of his experiences, observations, and impressions. He describes more than he explains, and he always has a good story, usually drawn from his own experience, to illustrate his point. His descriptions are vivid, bear the personal stamp of a keen and "human" observer, and, whether they have reference to criminals or other people, give the impression of being pictures drawn from life. The book would be interesting and fascinating if it were only for the author's manner of presenting his subject, but its chief value lies elsewhere, for the reader will learn much about criminals and their ways, about detective and police work, and also about humanity in general. He will become acquainted, not only with facts, but with facts interpreted by a good psychologist, in the sense of one who has keen powers of observation and a wide acquaintance with people of all kinds, and who seems to have a particular gift for drawing conclusions as to what his fellow beings think, feel, and are going to do; one who, however, does not claim to be versed in psychology as a science or in psychiatry, and wisely does not attempt to touch upon problems that belong to these branches of knowledge.

As a "good" detective, the author is primarily interested in "good" criminals—*i.e.*, those professionals who are proficient in their chosen lines of crime. But he does not picture to us all classes of these specialists and leaves out of account altogether those criminals or delinquents of all shades and degrees who form the bulk of the cases that appear before courts and who may be considered as poor relations of the "good" ones.

The book contains more than the title suggests, but the latter is accounted for by the author's endeavor, obvious throughout, to throw into relief the "humanness" of criminals, who, he says, are "human beings who have, as a whole, the same qualities and the same weaknesses as their fellow men"; are, in contradistinction to "movie crooks", often "human enough to pass among honest people as one of them"; and, with all their shortcomings, "may be more human than the law-abiding citizen".

It is plain from the book, however, though not explicitly stated, that criminals are considered as a definite human group and criminal

specialists as sub-groups, well characterized, not only by their psychological make-up, their attitudes, and their manners, but also to a certain extent by their physique. That is why the author succeeds in giving us such vivid and clearcut sketches or composite pictures, as it were, of the criminal types that he knows so well.

Nevertheless, he does not say exactly what it is that, psychologically, differentiates criminals from other people. The author's acquaintance with criminals satisfies him, for instance, that they are "devoid of many of the senses of the honest man", but we are not told which these senses are. Furthermore, he points out the fact that some crimes, such as certain forms of blackmailing and "confidence games", would be impossible without moral obliquity, bordering on criminality, on the part of the victims, and also that if "all thieves like to buy from each other", there are "quite a few people who are not thieves, within-the-law citizens, who are always looking for bargains in the underworld". We might note also that qualifications such as "weak and warped personalities", which he applies to thieves, or "not all there" as applied to criminals in general, are evidently not specific for them. In short, the author gives us the distinct feeling that criminals are at the same time very much the same as and very different from other people, without being able to tell us just where the difference lies. This is perhaps the quandary in which every one who comes into close contact with criminals will sooner or later find himself, because the difference is between characters considered as whole complexes of traits which, taken severally, differ in quantity rather than in quality. The same ingredients are there, but in different proportions, so that the resulting mixtures are different. This way of expressing it may be less satisfactory to certain minds than psychiatric labels or even figures. Is it not nearer the truth?

Any one engaged in criminal work will most probably agree also with the author's claim that intuition, based on experience and psychological "sense" together, is all-important in sizing up criminals and in "smelling them out". He will share the opinion that the best way to induce a criminal to be frank is to gain his confidence by giving him the conviction that he is thoroughly and sympathetically understood and that he is going to be treated fairly.

We find, scattered through the book, expressions of personal opinion as to the causes and prevention of crime and the reformation and treatment of criminals which, coming from a man who knows them well, are interesting. He is of the opinion, for instance, that "at some time in his career every criminal sees that crime is bad business and at such time is hospitable to the idea of switching", that there

is "always uppermost in the thought of every criminal the possibility of capture and the punishment that will be meted out to him"; and that he "should always be kept in his place until he shows some signs of reformation—then be sure that they are genuine and not faked". These are beliefs that may be generally shared and that do find, to a great extent, expression in modern law and its application. But are they sufficiently and consistently applied in the handling of criminals?

It may very well be that the author lays somewhat too much emphasis here and too little there, that he is too "human" himself to be quite objective, that some of his statements are too broad and should be qualified, that the same subject could be treated from a different angle. But the book as a whole rings true and sincere. It is good, interesting, and instructive and will appeal, not only to the average reader, but to those whose professions bring them into contact with criminals.

C. Edouard Sandoz.

*Psychiatric Clinic, Municipal Court, Boston.*

Sex and Social Health; A Manual for the Study of Social Hygiene. By T. W. Galloway, Ph.D. New York: American Social Hygiene Association, 1924. 350 p.

The purpose of this book in its relation to the Community Program for Social Hygiene is outlined in the introduction. It is "to bring together and to organize for community use the facts, methods, spirit, and technic relating to the subject as these have been discovered and found acceptable and useful in various places".

The volume is essentially a manual prepared for students and workers in that part of the field of social hygiene which is concerned with sex matters. The construction is of the conventional textbook type. At the beginning of each chapter is listed a group of topics for special study and discussion, with a bibliography for collateral reading attached. Paragraphs are initiated by headings in heavy type, descriptive or interrogatory. Subheadings and classifications are abundant, and summaries review the various topics.

The book is divided into three parts. Part I, entitled *Sex and Life*, contains a hundred pages of general discussion on various aspects of the sex function considered from the standpoint of biology, psychology, sociology, and characterology. Part II is concerned with the education of young people in respect to sex. The reader who hopes to find outlined in this section the specific sexual problems of youth and a detailed educational program to meet them is doomed to

disappointment. The treatment of the subject continues in the main to be of a most general order. A partial exception is found in Chapter XVII, entitled *Graded Projects in Sex Education.* Here the matter is dealt with in an understanding and sympathetic manner and an attempt is made to incorporate sex education in a scheme for general character training. While this is the most satisfactory chapter in the book, the discussion is too elaborate and involved for the ordinary parent, teacher, or physician to find it of direct practical value. Part III, *Community as Environment,* deals with the more specifically social features of sex matters with emphasis on the legal aspects.

To a limited group of specialized students interested in the larger phases of the place of sex in life, this volume will no doubt be useful as a guide to their study. For any other purpose it has decided limitations. It is too indefinite to fill the needs of the busy worker in the practical field of sex education. It falls far short of the goal as a scientific treatise on sex. Statements are freely made concerning fundamental biological and sociological aspects of the question without adequate reference to authority. The bibliographies cover chiefly the semi-popular works on the subjects, and there is a striking omission of most of the standard and authoritative sources. Little attention is given by the author to the intra-psychic handicaps that so grievously complicate the sex life of many individuals. The important subject of homosexuality is not mentioned.

In contrast, the topic of masturbation receives sound and understanding consideration, although by implication it appears to be considered almost wholly a masculine problem. The conventional standards concerning sex chastity and purity are strictly maintained, but a laudable effort is made to eliminate the sense of fear and sin as guiding motives and to substitute the more constructive factors furnished by science and common sense.

Readers who are familiar with other less ambitious and very excellent works by the same author, especially *The Biology of Sex,* will find that the present volume falls far below their expectations.

M. W. Peck.

*Boston Psychopathic Hospital.*

The Mastery of Fear. By William S. Walsh, M.D. New York: E. P. Dutton and Company, 1924. 315 p.

Any book that deals with the mastery of fear is worthy of most careful consideration, and any book not an epoch-making work of fiction or a great autobiography that is dignified to the extent of al-

most a full-page review in one of our leading New York papers is also deserving of profound consideration. There have been a number of books on the subject of fear in recent years and this is in many ways the most constructive that has yet appeared. The author does not state whether the book was intended for the general public or for special use by the physician, nurse, teacher, and social worker, but the simplicity of its language and its avoidance of discussions of too technical a nature would lead one to think that it was intended for the general public. Judged from this point of view, it is open to the criticism that while it might be perfectly safe in the hands of most persons, there is a question as to whether it would be wise to give it to the psychoneurotic already struggling with an anxiety neurosis. Certainly it would not seem wise to do so unless the progress of its reading by the psychoneurotic could be carefully checked and directed by a wise physician.

It seems unfortunate that a book in general so well done should constantly use the term "insanity" at a time when we thought, as Dr. William A. White recently stated in Chicago, that the term "insanity" had been relegated to the legal profession.

It would also seem that a wiser proportion could have been kept if the author had treated rather more fully some of the more common fears, such as those of high places, of sharp instruments, and of open spaces, instead of devoting a whole chapter to superstitious fear, which, after all, as the author points out, is common to us all and in the majority of cases is not a serious handicap.

There are places where the book seems to drag a bit and yet, when one comes to analyze the subject matter of each chapter, it is difficult to say where any specific material could have been deleted or even abbreviated without loss of force. But the author seems to lack the facility of terse expression that comes with long experience.

In a careful study of the book we are led to wonder how close the author's contact with the training of children has been, as there is a tendency to attribute supersensitiveness and a neurotic tendency to most children, whereas those who deal most intimately with children realize that fortunately most of our offspring are still very normal and that the majority of parents and teachers do not permit "an education in fear".

The psychoanalyst would probably feel that this book hardly scratches the surface of our fears, as little, if any, regard is given to symbolism, to the mechanism of fears, or to the fundamental treatment of them; and yet the author, in his introduction, definitely states that in presenting his material he "has not held to any school of thought entirely", but has rather presented the material as it

appeared to him. Certainly the book was written not with the purpose of dealing technically with the origins of fears or with the treatment of them in detail, but rather to point out in a straightforward fashion some of the fears that assail us, to disclose the unreasonableness and futility of most of them, and to give practical suggestions that can be utilized by any one. The whole presentation is certainly much clearer and more understandable than most of the books on this subject previously published.

At the beginning of this review the statement was made that it was a question whether the book was quite applicable for general distribution, and especially whether it would be safe to put it into the hands of our neurotic patients. Unquestionably there could be no book written on the vagaries of the nervous system that would not be upsetting to certain predisposed individuals, but after a second reading of Dr. Walsh's book it seems to come as near to fulfilling the mission of a book for general distribution as any ever written. The question as to whether it would constitute proper treatment for his own patients can safely be left to the judgment of the individual physician. Certain it is that this book should have a wide reading among parents who are faced with problems in bringing up their children, as also among teachers, social workers, and especially general practitioners.

Dr. Walsh has made a valuable contribution toward the betterment of our social and economic stability, and will doubtless add to his three books already published other valuable contributions on the multitudinous symptoms of the psychoneuroses.

Arthur H. Ruggles.

*Butler Hospital, Providence, Rhode Island.*

Hospital Organization and Operation. By Frank E. Chapman. New York: The Macmillan Company, 1924. 270 p.

In his introduction, the author refers to the fact that the hospitals of this country have a bed capacity of over 750,000. He makes no reference to the equally important fact that 45 per cent of these beds are devoted to the care of mental diseases and mental deficiency. While he does not say so, the author has apparently confined himself to a consideration of the problems of general hospitals exclusively. He presents various organization charts dealing with hospital administration, which he discusses impartially. Although he says a discussion of the relative merits of the medical, nurse, or lay superintendent is not germane, he emphasizes the fact that the superintendent "should have a professional point of view". "If the superintendent is busy checking prices and extension of bills,

looking over minor allowances to patients, and all such petty details that could be handled much better by some one else, the work of currently analyzing the results of performance will be relegated into the background, because there will not be time to do it." This is a fact that is often lost sight of in planning the organization and administration of hospitals.

The following division of the hospital into departments is referred to as basic: attendant medical staff; resident medical staff; X-ray department; laboratories; pharmacy; nursing; social service; dietary; administrative office; mechanical; laundry; housekeeping; purchase and issuance. One chapter is devoted to the subject of general administration, one to the medical staff, one to special diagnostic and therapeutic service, one to nursing, one to dietary, one to social work, one to purchase and issuance, one to housekeeping, one to mechanical departments, one to laundry, and one to the out-patient department. An interesting recommendation is that all hospital employees should be subjected to physical examination. In his hospital accounting system the forms recommended by the American Hospital Association's Committee and those used by the United Hospitals Fund of the City of New York are both shown. The author appreciates the fact that neither of these plans can be carried out to the letter in any hospital, and that they must be adapted to the needs of the institution in question.

The author recommends the reappointment of the entire medical staff annually, for the purpose of making it easier to dispose of the services of unsatisfactory individuals. This is a suggestion that merits considerable discussion and will lead to differences of opinion. The importance of social work is recognized, although the subject is given only a brief amount of space. A special chapter is devoted to a consideration of the small hospital. Considerable space is given to hospital records. The recommendations of the American Hospital Association and the American College of Surgeons are set forth rather extensively. Practically every phase of hospital activity is covered. The work constitutes a valuable contribution to the literature of general-hospital organization and administration.

James V. May.

*Boston State Hospital.*

The Personality of the Socially and Mechanically Inclined. By Max Freyd. (*Psychological Monographs,* XXX, No. 4.) Princeton: Psychological Review Company, 1924. 101 p.

Dr. Freyd's monograph is a statistical study of a number of personality traits of two groups of individuals with contrastingly dif-

ferent vocational abilities and interests. The two groups studied were life-insurance salesmen and students of mechanics, respectively characterized by the author as individuals with ability "in handling men and motivating human beings" and individuals with interests and abilities "in handling machines and inanimate objects". The personality of these subjects was studied by means of tests and questionnaires which were calculated to furnish quantitative data on the degree to which various traits supposedly measured by the tests were possessed by one or the other of the groups. When a significant difference in the distribution of scores for any trait was found to exist between the two groups, the groups were considered to differ in respect to that particular trait.

Analysis of the data by this method showed that while there was no evidence of distinct personality types, the two groups did present measurably significant differences as regards certain traits which might be called characteristic of each group as a whole. Thus the students of mechanics tended, among other things, to be more self-conscious, more cautious, and more absentminded, and to exceed in slow, accurate effort. The salesmen, on the other hand, showed greater social ability and self-confidence, were less conceited (*sic*) and more credulous. Analysis of the personal histories of the subjects also reveals the interesting fact that the maternal influence was exerted more predominately on the mechanical group and the paternal influence on the salesmen group. Dr. Freyd discusses the significance of this fact in some detail, but omits all reference to psychoanalytic theory.

On the whole, the study has been carried out with thoroughness, although in parts the statistical data are insufficient to allow of critical evaluation. Thus we note that the author has omitted to indicate in all cases the probable error of the differences found between the groups, for the various traits measured. The monograph contains some data that will be of value to those interested in vocational guidance. To the general reader, Dr. Freyd's book will be interesting as an example of the new method of approach to the study of personality—the statistical as opposed to the case history or genetic method.

David Wechsler.

*New York City.*

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# MENTAL HYGIENE

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## MENTAL HYGIENE AND THE COLLEGE STUDENT: SECOND PAPER*

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PESSIMISM has had considerable vogue since the war. The optimist, with his cheery belief that we are at the beginning of all good things, has, to be sure, been among us, but those who are doleful and gloomy, who believe that the world is going to the bowwows, that man cannot preserve the civilization he has created, that he will be destroyed by his own instrument, have probably been more frequently heard from.

Without being particularly pessimistic as to the future, one may be aware that the progress of the human race has not been so great as has generally been supposed, that the progress is a good deal more apparent than real. One may question, in fact, whether in fundamental things there has been much progress at all. Man has got hold of a few mathematical, mechanical principles. With these he has been able to unravel a good many previously puzzling things and has added to the store of information. With these, also, like a boy with his mechanical building toy, he has brought about new combinations, extensions, and elaborations, almost to the point of bewilderment; but it is, after all, a sort of child's

* The first paper on this subject by Dr. Williams was read before the American Student Health Association, Chicago, December 31, 1920, and published in MENTAL HYGIENE, April, 1921. The present paper was read at the Fifth Annual Meeting of the American Student Health Association, New York, January 2, 1925, with two other papers which are published in the present issue of MENTAL HYGIENE—*College Mental-Hygiene Problems,* by Dr. Arthur H. Ruggles (pp. 261–72) and *Management of Acute Mental-Hygiene Problems Found Among College Men,* by Major Harry N. Kerns (pp. 273–81).

play. The progress from the adobe hut to the Woolworth Building, from the prairie schooner to the aëroplane, is not so real as it seems. The one is implicit in the other. We may admire those who have done these things, but unless we let ourselves be deceived, there is in our admiration much of the quality of our admiration for the boy who, with his toy, has builded unusually well—"Why, you bright boy!" We praise him and are proud of him, but we are not long occupied with his product, nor do we overestimate its importance, for we know that he has been merely a clever manipulator. He has been ingenious.

So has man been ingenious. He steps forward with each discovery of a new principle. He has taken at least a half step forward each time he has applied his few principles in a new field. Mostly, however, he has been engaged in neither way, but in clever and ingenious manipulation in a narrow field. All of which has led to a great multiplication of invention, to an increase in the speed of life, to the probable length of life, and in a sense to the quantity of life. Little has been added to the quality of life. In those matters which concern us most—our relationships to others, our relationship to those with whom we are intimately associated, of our group to other groups, of one community to another community, of one nation to another nation—we have made little progress. In the matters of friendship, the relation of husband and wife, of parents and children, of employer and employee, of the individual to the social group, of the social group to the individual, there is little change. One is not unaware of certain changes in the rules of the game, but these are merely compromises that represent no progress in the adjustment of these relationships through an understanding of the fundamental factors and forces involved.

Although aware of the speciousness of much that is accounted progress, and better aware, perhaps, than some others of some very real elements of danger in the situation, still it is difficult for the psychiatrist to be a pessimist in these matters. He dares believe that he finds in man himself the solution of these things, but he is not so bold in considering the immediate future as to be an optimist with a very broad smile. Man's house of cards may collapse. The artificiality

and unreality of the life of most men is not encouraging. Man holds his salvation within him, but whether he will be able to utilize these factors, whether he will be able to learn in time how to marshal his own forces in defense of himself against himself, one may not know. But these factors of salvation are there—or so the psychiatrist is inclined, from what glimpses he has got, to believe—and whether now in the protection of civilization or later in the rebuilding of it, will be used. In an immediately practical sense, of course, it matters; in a larger sense it matters very little. But being essentially a man of his times, and with little more detachment than others, the psychiatrist is interested like others in the practical aspects of the immediate future. There are those among the psychiatrists who have taken something of an alarmist position in these matters, but on the whole the psychiatrist is not inclined to be an alarmist, although he does feel that there are certain matters to which attention may well be given.

Following the announcement of the results of psychological testing in the army, considerable anxiety found expression in the popular press for a time over the menace of the feebleminded. The tests seemed to show that there were so many feebleminded in the world that it was doubtful whether those with "normal" intelligence could long retain their place. This threat of destruction was soon shown, however, to be based upon a misinterpretation of the statements of the army psychologists. However, certain facts have become clear as a result of the work of the past few years: all individuals are not equally endowed with "intellect"—there are very considerable native differences in intellectual ability; these differences can be measured with a fair degree of accuracy; a thousand children thus examined will fall at different levels on a scale of potential ability, and assuming that the rating has been accurately made, a prediction is possible as to the point beyond which it will not be possible for a given child to go;[1] the number of feebleminded individuals in the commu-

[1] I am assuming that all factors have been taken into consideration in determining the status of the child. I do not mean that the "intelligence test" *as frequently given* can be used as a basis for prediction. My point here is that there are these measurable differences, and that a child cannot be pressed or forced beyond his own ability, whatever that may be. Whether in any given instance a measurement is accurately made is another matter.

nity is found to be far greater than the most "exaggerated" estimates made during the alarmist period of ten years ago when every feebleminded person was considered a "potential criminal". This alarms us no longer, as we have found that a feebleminded person is not necessarily a potential criminal, but that he may, indeed, be a quite useful, if humble citizen—that whether he be the one or the other lies largely in our own hands. But what is more disconcerting than the number of actually feebleminded is the much larger number of those who, while not feebleminded, are distinctly limited intellectually. It is not the predatory possibilities of these individuals that need greatly concern us, for this again lies largely in our own hands. It is rather in the more subtle aspects of community life that the difficulty lies. Abstract ideas and the use of any but the simplest symbols are beyond the ability of these individuals, and yet there are few public questions upon which all are called to vote, few personal decisions, few decisions in our relations with others—questions of morals, of propriety, of ethics—that do not require the use of an elaborate system of symbols and of abstract thinking. Such are beyond the possibility of comprehension of a large group; decisions they will make when called upon, and called upon they are now regularly. The significance of a slogan—"A five-cent fare"—they can understand; the simplest principles involved in any such question is beyond them. Our information is as yet too meager, our tools for work of this sort too lacking in precision, perhaps, to warrant much discussion at this time of questions that arise out of such facts as we have, but the time has certainly arrived when thoughtful people should begin to consider the implications that grow out of these facts. The time for discussion is probably not far off; important decisions will probably be made within the next twenty-five years.

This much is clear—that in a village, city, state, or country, the individual differences in ability to deal with intellectual problems are great; that in any issue we cannot necessarily assume (as we have assumed) that a fair and full presentation of the facts will bring a decision justified by the facts. The individual decisions may be honest enough, but honesty, although a desirable quality, does not necessarily carry with

it ability to understand, and whether we continue our present methods of giving all a voice on all questions or whether we modify our concepts of social organization, the matter of leadership is bound to assume a degree of importance even greater than it has had in the past.

This leadership will undoubtedly come in large part from the colleges. All of the ablest young men and women of college age are not in the colleges, nor, of course, are all the future leaders to be found there, but on the whole the men and women of the colleges represent our best, and from among them will probably come most of those to whom communities must look for leadership. One may well be interested, therefore, in giving a thought to the quality of leadership that may be expected from these men and women, and in considering whether the training they receive gives any assurance of safety in leadership.

After all, which holds the greater potential of social danger—an individual with a low intelligence quotient, limited in his use of symbols and unable to comprehend or deal with abstract ideas, but able to handle concrete material sufficiently well to maintain himself and his family in a useful, if humble capacity and to enjoy his simple, if unintellectual pleasures, or the individual with a high intelligence quotient who graduates *cum laude* from one of the great universities and who, because of his training and his social and economic position, will rapidly assume leadership in the community, but who in his leadership will use in his measurement of social issues a yardstick composed of his own unsolved or partially solved or very badly solved personal emotional problems? Such leadership, no matter how high the intelligence quotient or how elaborate the intellectual training, or how great the mastery of special facts, cannot be safe. It is a leadership of weakness rather than strength, a leadership that makes two problems appear where one has been before. We are at least justified in trying to discover if a more dependable leadership cannot be obtained.

One wrestles with emotional problems from the day one is born. There are most puzzling problems to be solved from the start, and from the first days the formation of emotional habits begins. In a few years these have become quite

complex. There cannot be said to have been any supervision of this growth. The child's physical growth has been watched with care; hours have been spent already in placing his feet firmly on the first rung of the intellectual ladder. But in the development of these emotional habits upon which, after all, the success or failure of his life is going to depend, the only guidance he has received has been incidental and has been concerned not so much with himself as with others. When his emotional displays have been disturbing or embarrassing to others, he has received some "instruction". The point brought home to him in this instruction, although it has not been made to appear so, has been what was going on in the emotional lives of others and why, not what was going on within himself and why. He has no further light upon himself; he has a "tip" which he probably has not missed about others. His life at this time is full of "tips". Such effort as has been made has been to make him socially acceptable, often at any cost, and with the term "socially acceptable" frequently narrowly conceived. The end is desirable and necessary, but it does not justify any means; the means used may, indeed, defeat the end. What has not been conceived is a distinction between healthy and unhealthy emotional habits, so far as the child himself is concerned; there has been no realization of the fact that as the child's body grows—some things being helpful in that development and others not—as the child's intellect unfolds—some things lending to this, others not—just so the child's emotional life is in a process of development; that it forms upon what it feeds upon, and in accordance with quite definite laws; that it can be formed in such a way as to give integrity to personality and make for ease of adjustment and the free play of ability, or it may be formed in such a way as to produce a personality easily disintegrated by even its own conflicts, with energies largely consumed in the friction of even unimportant adjustments, and with little or no opportunity for the play of abilities—frustration, unhappiness, ill health.

The method which is universally used in these matters is somewhat like the method once popular in teaching a child to swim—to throw him in and let him swim—only with this difference—if the child didn't swim, some one was wise

enough to pull him out. In these matters those about seldom know when the child has gone down for the third time. Many a child has drowned in the presence of its parents.

That this is so is not surprising. Parenthood is the only "profession" for which training is not required. To become a plumber or an automobile mechanic one must first accept instruction. Any one may become a parent and engage to guide the development of children, without training, without understanding of the simplest problems involved—with the exception, perhaps, on the part of a comparative few, of some knowledge of infant feeding. It is a commonplace in the child-guidance clinics that frequently it is not the children who are brought to the clinic who need treatment, but the parents who bring them. Dr. Thomas W. Salmon suggested some time ago that it probably was not so much children's clinics that were needed as "parentoria", where parents could be made over. These parents are themselves, of course, the product of a similar state of affairs. Faced now with the complexities of adult life, they have only the emotional tools forged by chance during their own childhood with which to meet them. Even under the best of circumstances, therefore, it is not surprising that the emotional problems of the child often become inextricably mixed with the emotional problems of the parent; and it should be kept in mind—what we are very prone to forget in our idealization of certain conceptions, or in our tendency to generalize from our own limited circle—that parents are not always even well-intentioned and disinterested. In either case the child soon finds need to protect and to defend himself, and begins blindly to build protective and defensive mechanisms. With the emotional mechanisms formed in early childhood he enters upon the confused period of adolescence. Some of the tools he has forged he finds adequate to his purpose, many he finds unusable or entirely untrustworthy. As old defenses fail, he endeavors to build others, but he builds without design, a bit panicky, distraught, and without even a clear notion of what he is trying to do or what he is trying to build against. From his solicitous parents, if solicitous they are, he receives little help, for it is largely a case of the blind leading the blind. They know little more than he of the inwardness of the situation, either

in regard to themselves or in regard to him. In fact, it is the, to him, ununderstandable confusion of their emotional lives that is frequently the source of the uncomfortable complications within himself. Such understanding as they may be able to bring to him will again concern itself with outward relationships, with superficial and artful social techniques, and this does not lessen his confusion, as his problem is within himself, not without himself.

From teachers who divide this period of development with the parent he may expect little. They may be more intelligent than the parent, more generally experienced in the rearing of children, but their knowledge is not of these things. Their experience is general, not specific; and withal they have one supreme function to perform and to this they give themselves. Their own emotional life, because of its frustration, its narrowness, its substitutions, is likely to have been built on even less healthy principles than the parents', and with these unhealthy personal reactions the boy is soon involved, building into his own personality undesirable modes of reaction in order to counter theirs. Within the community he is sure to find individuals, usually organized into groups, who are most concerned over his welfare, especially his moral welfare, the development of his "character", and the like. These are likely to be his least trustworthy guides. The effort is mostly sincere, but it is not impersonal; it is all too frequently the blind groping of an individual or a group of individuals for a way out of their own unplumbed difficulties, and in the process they use the youth. This is not to his advantage. He has to match their unhealthy reactions with reactions of his own, and these complementary reactions may be no more healthy than those they are complementing.

He rides into college on a sea of emotional problems—problems that are inherent in himself, problems that were not of himself, but that have been made a part of himself through the unfortunate activities of others; feelings of inferiority where, perhaps, inferiority does not exist or no longer exists; unhealthy modes of reaction to such feelings where, perhaps, there is some inferiority; feelings of guilt; unhealthy attachments to members of the family or to others; many confusions over matters of sex; problems growing out

of efforts at emancipation from the family; healthy reactions misunderstood, and not well received, to unhealthy situations, thereby giving rise to a series of secondary problems; jealousy, unhealthy attitudes towards questions of authority, fears of various sorts.

None of these issues is clear; none appears frankly in the open for what it is so that he may come to grips with it. He is aware only of the gustiness of his emotions, of their untrustworthiness, their lack of predictability, frequently their lack of "sense", when they defeat a reasoned course of action. The closest he can get to the real situation is its shadow, and this does not bring much success. Mostly he wrestles with phantoms in the dark.

Abroad he makes brave gestures—it were more accurate to say that he is thrown into brave gestures, for he himself has consciously little to do with it; he may, in fact, heartily dislike the gesture he is making. He strikes attitudes and poses; his conduct may become fantastic or bizarre; he forms unhealthy or at best wasteful attachments on the basis of earlier unhealthy attachments, but now with greater social and personal consequences; he may in a sudden thrust upset some one else's apple-cart and become delinquent; he may become ill (and not from overwork).

Out of his confused "experiences", if he has any chance at all, he will forge something in the way of order. In his probing about—bumping here, bumping there, like a bluebottle fly trying to get out of a room—he may find an outlet satisfactory to his own peculiar emotional need. If he does, it will be entirely a matter of luck and chance. Not knowing specifically with what he has to deal, it is more than likely that he will eventually accept unsatisfactory substitutes and compensations which, being unsatisfactory, because not a "fit" for him, will only increase his confusion as time goes on and thereby add to his difficulties. Emotional habits will become fixed, which will plague and defeat him the rest of his life. He graduates a brilliant student, with much expected of him, and expecting, perchance, much of himself. But along with his diploma he has carried out into the world a combination of unhealthy personality traits and emotional habits that

goggle him so effectively that wise leadership cannot be expected of him. For what he sees is but a distortion.

Were all this inevitable, there would be little point in saying anything about it; but it is not inevitable. Those who have had experience in dealing with these problems with students have found many of the problems—when one got to the bottom of them—relatively simple and manageable without great difficulty. What frequently appears as complex and baffling is but the scenery. If one gives all one's attention to this scenery, one is likely to be baffled and to fall back eventually upon the futile suggestion that pansies be planted in this bed instead of tulips, or that a rose garden be substituted for an asparagus patch; whereas if one will inquire why the scenery at all, or why this particular scenery, the answer is frequently not long in being discovered.

Give the average college man or woman an opportunity to come to grips with their problems and they handle them admirably. They are keen; they are anxious to know; they have not yet become confirmed in "mulling through" and such a process is distasteful to them; they have not settled so deeply into any one groove that getting out is too painful; they are zestful and resilient; they are not afraid; they are properly and healthfully curious about themselves, and especially concerning elements in their lives which their elders consider with such mystery; they are not convinced that things are "good" because some one has said so, or "bad" because so denominated, or that their "good" qualities and impulses are sky born, while their "bad" impulses are earth born; their need for peace and to have things settled is not yet so great that, for the sake of peace and to have something settled and dismissed, they must accept this over-simplification. Although he does not always get credit for it, this average student is putting up a good, stiff, courageous fight on his own, and he is quite ready to transfer that fight from phantoms and shadows to reality if given an opportunity. All of which is in considerable contrast, frequently, to his parents, who have roped their lives to certain stanchions and are in a panic if the reliability either of a rope or a stanchion is questioned.

There are those who would leave these matters of emotional

disturbance to God. One does not mean to be irreverent in saying that there is no more reason, that it is no more intelligent, to place the responsibility of solving these problems upon God than it is to place upon Him the solution of physical ills. There was a time, to be sure, when physical illness, because mysterious and terrifying, was met with an appeal to God—there could be no other hope. But we are in no such position to-day. If one is ill, one sends for some one who understands illness, and when, through his skill and technical knowledge, he gives his diagnosis and outlines his treatment, we accept them without any feeling that we have somehow "displeased" God, that our illness is in the nature of a divinely ordered punishment and that somehow we will be "better" for the painful experience. Emotional disturbances are just as much earth born. We need go no further away than ourselves and our immediate environments, past and present, to find the source of the difficulty and to trace its course. We are not dealing with vague, intangible things, but with specific things that have their very earthly birth and run quite traceable courses in accordance with quite definite laws, and one is no more justified in this instance, than in that of physical illness, in placing the responsibility upon God.

There are others who claim to approve the emotional conflicts of youth in the belief that from them come strength and character. One may believe in the efficacy of contest without believing in wholly one-sided and unfair contests in which one may not even see or know his adversary. This view is born of the same lack of knowledge of what is involved as the view that all children must have "children's diseases"; therefore let them have them as soon as possible and get the matter over with. No competent physician holds any such view. Parents generally may not know, but the physician does know the consequences that frequently follow such diseases, and he would take no such risk. Parents and teachers may not know, but the psychiatrist does know the consequences that not frequently, but almost invariably, follow these unfair contests. If one comes through without a wound that does not heal, and that does not break down in periods of suppuration throughout the remainder of one's life, it is the sheerest matter of luck. This seems a most extravagant

statement and will mostly be considered so; however, it is not made thoughtlessly. In addition to his patients, the psychiatrist sees those—upon the mall, in the market, and in high places—who are bathing their wounds in public, to the annoyance, frequently worse, of the public; the public does not see, it knows only that it is annoyed.

During the college period men and women are concerned with decisions as to vocation. This was formerly left much to chance, and round pegs got into square holes. More recently some colleges have taken the matter more seriously and are providing some guidance in these matters. This guidance can be, and no doubt frequently is, very helpful in preventing obviously wrong choices; probably the most important factor, however, is still left to chance. One's job must furnish an outlet suitable to one's particular, personal emotional needs. The greatest part of one's emotional life is lived in one's job, not elsewhere, as is commonly supposed. Different professions and vocations, such as a college man or woman is likely to enter, offer quite different emotional outlets; even specialties within a profession offer different outlets. One may be more than adequately equipped intellectually, and with special ability for a given profession, but if that profession does not offer the emotional outlet peculiar to one's own needs, unhappiness and discontent follow. Even though material and professional success may come, it is likely to be as dust in the mouth. After considerable trial and error, other partial outlets are found that make the situation bearable, but there is likely to be an element of frustration throughout that makes for unhappiness.

The college boy or girl, without knowing it, is seeking this outlet as he considers the vocational possibilities open to him, but as he does not know what needs are peculiar to himself, his choice is a blind one and more likely than not is made upon an entirely unjustified or wrong basis.

In other words, the college student has not his energies under direction. He is driven. Equipped mostly with splendid resources, these resources are frequently a burden rather than a help. The difference is as between driving a powerful automobile and being dragged at the tail of a runaway horse. That college students are not in command of their emotional

resources, but are in the position of being dragged at the tail of them, would seem to be an obvious and commonplace statement enough, but it is not in the commonplace sense in which it is usually used that I mean it. Perhaps an illustration will serve to make my meaning clearer.

Let us take two students. They are of the same age; each is physically sound; their intelligence quotients are the same. Both are excellent students; both have been elected to Phi Beta Kappa and both will graduate with honors. Their scholastic careers have been so nearly identical that it would be difficult to distinguish between them as to merit or to future prospect. And yet they are very unlike; the difference is fundamental and affects very seriously their prospects, the degree of wisdom they will show in leadership, the ease with which they will manage their relationships with others, and the satisfaction or frustration they will experience in the process of living. The one is mentally healthy, is likely to be a wise and reliable leader, to make his adjustments to the changing outward circumstances of living with ease and to find in the end that on the whole life has been satisfying and that he would not have foregone the opportunity that has brought such rich experience. The other is mentally unhealthy, will be undependable in leadership, will find increasingly difficulty in meeting situations satisfactorily, may come to occupy a position of public prominence which will not be particularly satisfying, or he may enter a period of nervous invalidism or mental breakdown—frustration, disappointment. Emptiness will very likely be his judgment of life in the end.

Intellectual work is a natural, healthy outlet for the energies of the first student. He feels no particular competitive spirit; he does not particularly force or exert himself; problems and subject matter interest him and he applies himself to them at a true value; other interests attract him likewise. He has a large, but healthy appetite, and with his splendid digestive apparatus consumes successfully a considerable amount of intellectual material. There is a hearty enthusiasm in his work, but neither the process nor the results have false values for him.

For the second student, intellectual work is a compensa-

tion; it is a means of justifying himself to himself; problems and subject matter may interest him very little—he may, indeed, have but little more than a superficial comprehension of them; it is the means as a means to an end quite personal and not at all intellectual that holds him; the zest is in the competition. It is pain that he is trying to neutralize, not knowledge for its own sake he is struggling to get, and in the process of doing one thing while he thinks he is doing another, he gets his values badly placed. It is emotional peace he is seeking, not intellectual understanding. This need, with its distortion of values and disorganization of energies, has come about through the fact that at some time—very early in the life of the boy, more than likely—there got caught up into the texture of his life a deep feeling of inferiority. It was a keen and poignant experience which opened a wound that has not healed.

His business is still with it and will continue to be. Discovering that he had a mental equipment better than the average has been helpful to him, and he has endeavored, with some degree of success thus far, to utilize this as a means of finding a superiority that will compensate for the supposed inferiority. The superstructure he has erected is good-looking and pleasing to the eyes of instructors who are deceived as to its quality and who do not realize the shaky and uncertain foundations upon which it is built. The whole thing may collapse with a little unusual pressure or at a critical moment.

A collapse may be avoided, but at the price of intellectual freedom. Always must decisions, judgments, considerations, determinations, be referred back to, be made in relation to, in dependence on, with satisfaction to this fundamental situation. A "reasoned" course will not necessarily determine the action that follows. This will make him frequently inexplicable to his friends, a humiliating puzzle to himself, and, more important to our purpose, an undependable, uncertain, unreliable, and untrustworthy leader—unsafe under almost any conditions because so personal, dangerous at those times when in desperation he plunges away like a bull in a china shop, leading, as he thinks, an "intellectual" cause, but, as a matter of fact, merely applying an antidote for a pain that

is quite personal and that has nothing whatever to do with the "cause" or the community generally. Some day we shall come to differentiate between personal and community colic; but not until we can differentiate between two such students as these and see to it that opportunity for leadership is given to the one and opportunity for the relief of his difficulty to the other.

Although they may seem enough alike to be homologous twins, with the same intelligence quotient and so forth, two students active in the work of the college Y. M. C. A. may be as unlike as can be. Both are juniors, both are physically well, of good scholastic standing, interested and sincere; each has become the chairman of an important committee.

One early in his course became aware of certain conditions obtaining in the life of the college that were not altogether fortunate. They were not of the greatest moment, but they had their importance and were better met. Of the various possibilities, the Y. M. C. A. seemed to offer the best solution, and being able to spare a bit of time, he volunteered his services in the work of the association where he has become a favorite and popular leader.

To the other the Y. M. C. A. is a personal matter. It is not a place where certain problems of college life can be worked out, but a place for *him* where *his* emotional problems can be worked out, although he would be the first to deny this. His interest is entirely selfless, as he sees it; he scarcely thinks of himself; he gives unstintingly of himself and his time at considerable "sacrifice"; his whole heart is wrapped up in the welfare of the association and the moral influence it can bring to bear in the troublesome problems of present-day college life. It is not himself, but help that he wishes to bring to *others*. Would it were so! With his intelligence what could he not do in this connection!

But his intellect plays but a minor part in this work at the present time. It is himself he is saving; the others are but incidental; they are a means he is using to his own ends. He *must* "serve"; "sacrifice" is as necessary to his life as eating or breathing. He has no choice. It is not that he may or may not "give" his life to "helping others". He *must*. The condition that makes it *must* is not breeding or any innate

spiritual quality finer than in most men. It is a very commonplace thing, artificial, accidental, and foolish, placed there unwittingly by a similarly needful Sunday-school teacher, an unwise parent, or other early mentor. Had they accidentally scalded him with water as a youngster, he would have brought to college a hideous scar, with possible contractures that would interfere with the free flexion and extension of his arm and thus limit the scope of his activities. But they didn't; they guarded the water. But unhappily they created another condition for him which has produced its contractures and has sent him to college more importantly limited than had he been scalded.

To a sense of guilt and unworthiness, personal and not vicarious, he is hostage. The direct sense of it is long gone, but that is no matter. He must assuage this feeling that has got into his life. Forgiveness he must find (how soon he would settle this matter if he only knew how simple and meaningless now was its genesis!) and his life becomes one great propitiation, his intellect a handmaiden, merely.

The first boy, clear-headed, objective, with no need—or at most little need—of the association as an outlet for personal emotions, will be an able leader of its work, commanding the respect not only of those within the association, but of those without; and in the religious and social field on leaving college he will continue to be a safe and dependable leader, bringing light into dark places because he can see, and finding a passageway for others less fortunate because he can think and follow a reasoned course of action. With the other boy it is quite otherwise. He may collapse into an illness. Or, once he gets a glimpse of things without his protective lenses, there may be a revulsion that will tear his personality to pieces, leaving him hard, bitter, and cynical with nothing but sneers for "service"; a hard outer shell, but filled with a sticky sentimentality that will ooze forth to entangle the unwary—and what a social mess the combination makes! Should he continue as at present, he will be to many an attractive leader, but his compass will be his own peculiar personal need. Things will appeal to him and be approved by him not in accordance with the process of analysis and synthesis the college thought it had taught him, not through any exer-

cise of his intellect, but in accordance with how he "feels" about it, which means how nearly does it solve his own personal equation. Those things will be good (for all of us) which bring emotional peace to him and those things bad (for all of us) which bring to him pain and discomfort and uneasiness. These things will be ably championed or attacked, and with courage and an obvious sincerity. And yet, in spite of his learning and the elaborateness of his arguments, the determination of the quality of "goodness" or "badness" of these things will be more closely related to the emotional accidents and vicissitudes of a boyhood now long past than to the social needs of the year of his campaign. With the ebb and flow of his need he will be found now here and now there, but mostly the able and honest leader of causes unworthy of his leadership.

These two students are, of course, hypothetical individuals. No individuals ever lived who were so simple. While one emotional situation may, and usually does, have predominance in the life of an individual, there are others, and the strivings in different directions make the situation much more complex than here indicated. However, such a skeletonized picture may have its value if it is known to be but a framework from which complexity has been stripped. One is not unaware, also, that the illustration runs a risk in another direction, but it would seem to be a risk one is warranted in taking.

It may have been made to appear that seeking a "compensation" is an altogether unhealthy process. It probably is not an ideal process; ideally one would remove the need for it or, better still, prevent the need ever arising. Practically, however, the matter is otherwise, for the present. Many individuals, as they butt, now here, now there, blindly seeking outlets, eventually find one that gives at least partial satisfaction and eases their lives by so much. Psychiatrists, frequently under handicap of time or other conditions, ascertain the need and then endeavor to direct the patient to suitable compensatory outlets. However, the patient is no longer acting blindly, but by design; he knows what he is doing and why. Matters are more largely, if not entirely, within his own hands. The mechanism of "compensation",

therefore, may be not only the means of salvation for the individual, but of social usefulness. One is dealing with degrees of things here and nice relationships, and must not generalize too far. The healthiness or unhealthiness of the compensation may probably be said to depend upon the degree of imperativeness of the emotional need, whether the compensation found meets the need adequately, the extent to which it fails, the extent of over-compensation, the amount of compulsion involved.

If a student fails in his collegiate work, he is dismissed. It is assumed either that he is unwilling to apply himself or that he is intellectually incapable of doing collegiate work. The psychiatrist, I am sure, would not be satisfied with the first assumption. He sees too many people who are considered "unwilling" or "lazy" and who are neither, but who are laboring under conditions susceptible of change. Except in a comparatively few instances, the second assumption is certainly open to question. It is one thing to have an I.Q., and quite another thing to be able to use it.

Not long ago a dean in one of our universities found it necessary to interview a certain student. This student, during his first year, had done excellent work. At the close of the first semester of his second year, it was found that he was failing badly. Knowing from his past performance that the youth was capable of collegiate work, the dean was interested to know why the failure. To the dean's questions as to the nature of his difficulty, the student replied that he had been unhappy during the past semester because he felt that he was not liked and that he was not wanted at the university. He had noticed this unfriendly attitude towards him both on the part of the faculty and of the students. This had so depressed him that he could not study. Hence his failure. I am quite sure that this student, and probably the dean, would feel that the conclusion reached was reached by an intellectual process. The student feels that he has put two and two together and arrived at a very obvious and correct conclusion. The dean feels, no doubt, that the student has put two and two together, but that he has drawn the wrong conclusion. But intellect has played little or no part. The student is not aware of the real source of his depression. He must explain it somehow to

himself, and so he rationalizes, as a psychiatrist is wont to say, by finding an explanation that will apparently satisfy the situation, although it will not be the true explanation, though honestly made. The true explanation he will be unable to find by himself—although it has a very definite source, and, what is more, a source that is very likely "get-at-able".

It so happened that the dean had kept himself informed in these matters, recognized the probable nature of the boy's problem. Many deans, I fear, would have spent the rest of the hour in an endeavor to convince the boy by "reasoning" with him that his observations and the conclusion he had reached were wrong; all well-intended, to be sure, but at the end of the hour the boy would have been unconvinced, and he would be unconvinced at the end of time. The dean would then probably reach another conclusion—either that the boy lacks surprisingly an ability for logical reasoning in that he is unable to follow the cogent reasoning of the dean, which should bring him to see that no dislike for him is felt in the college, or that the boy is "crazy". As a matter of fact, the boy lacks neither logical ability nor is he "crazy". He is acting in this particular matter exactly as the dean acts in many other matters. He has made a decision on a purely emotional basis, the genesis of the emotion being unknown to him. In this particular instance, the dean called in a psychiatrist who could assist the boy in unraveling his problem and in helping him discover the genesis of the emotion which was forcing him to such false conclusions.

Ordinarily, however, it is safe to say that, unconvinced by the dean's logic, the boy would continue to fail until eventually he would be asked to leave college, with his problem still unsolved and loaded with an additional sense of failure. A young man with a good intellect, capable of first-class intellectual work, would go out into the world to add himself to the great army of mediocrities. There are those in the world whose abilities are mediocre. Their army is not a particularly tragic one, for within the range of their abilities there is usefulness and happiness; but there are battalions, if not regiments, in that army that are wholly tragic, because they are made up of individuals whose abilities are not mediocre, but whose intellectual abilities are of the first grade,

yet who are so handicapped with emotional problems and unhealthy mental habits that they are unable to use those abilities and must take their place with the mediocre. This is personal tragedy and social waste. It need not be so. Had the dean been better informed, another effective citizen might have been added to the graduate roll of the university.

There is another group in this connection to which Professor Everett Kimball of Smith College has called attention—students who are doing "D" work although intellectually capable of doing at least "B" and possibly "A" work. The reason for this, of course, can be quickly given: these students are indolent or are devoting too much time to extra-curricular activities. The answer is too easy; it assumes too much and leaves too much out of consideration—in fact, it leaves out any consideration of the fundamentals. In their extra-curricular activities, even in their indolence, students find an expression for personal needs. They are as little aware as the Phi Beta Kappa or the Y. M. C. A. student what this need is, or why it is that they are striving for this or that at the risk of failure in an acknowledged more important field. They are not "drawn" into these activities by others; they are pushed into them from within themselves—in many instances, if not all, needlessly so. Until a psychiatrist knew, in any given instance, what the compulsive strivings were about, he would not put the student down as "indolent" (and afterwards, of course, he would not be able to) nor would he place the blame on wasted time. Not preachment and threat, but release and freedom of disposal of his energies would be the psychiatrist's method of obtaining "B" or "A" work from a capable "D" student.

Students, now and again, are caught up into the disciplinary machinery of the college. The attitude of colleges towards matters of discipline has changed considerably in the past generation. For the rigorous, arbitrary methods of the past have been substituted consideration, common sense, a willingness to see things and an attempt to understand things from the adolescent point of view. This is undoubtedly saving many a worth-while student from unnecessary humiliation and disgrace. Better adjustments are made, but upon what basis? Does the student, after his experience with the college

disciplinary machinery, know any more about himself than he did before? He probably calls himself a fool for what he did, in spite of his bold "front", and is considerably puzzled as to what led him to do it. Is he any better aware why he misbehaved? Is he any better able to prevent a similar occurrence either now or later?

It is a shocking fact that technical skill and knowledge of behavior disorders are more generally applied in the study and rehabilitation of criminals than to disciplinary problems in colleges. Many men and women technically trained are daily applying their knowledge and skill in situations where the least can be expected; while, with two or three possible exceptions, no college or university in the country, so far as I am aware, is utilizing in any systematic way such knowledge in the handling of its disciplinary problems. Good will and kindliness and common sense, while always valuable, can no more be substituted for technical knowledge in matters of conduct disorders than maternal instinct and mother love can be substituted for technical knowledge in the presence of a sick child.

Mental hygiene in the college will, to be sure, have to do with students who are frankly ill with neuroses and psychoses and such outspoken behavior problems as come under discipline, but that should not be the extent of its activities, important as these may be. There is a concept in the field of physical health that is equally applicable to mental health, although, oddly enough, it has not been used. In matters of physical health we have those who are sick and those who are well. Those who are sick are known to suffer from some disease and are presumably under care. Those not sick of a disease are "well". But we recognize that all are not equally well. We differentiate between those who are in good health, those who are in fair health, and those who are in poor health, although the latter may not be actually "sick". While the chief function of the physician has been, and still is, and probably for a long time will be, to make the sick well, the trend in modern medicine is certainly towards keeping well those who are well and in searching out those who are only in fair or poor health in order that their state of health may be improved.

This concept may well be applied to mental health. In the field of mental health there are those who are sick and those who are well. Those who are sick suffer from some disease and are usually confined in a hospital under care. All others are well. But they are not all equally well. There are those who are in good mental health, those who are only in fair mental health, and those who are in poor, and some in very poor, mental health, although not officially or formally "sick". We have learned that it is not wise to permit people to drag about in wretched physical condition until they drop, assuming them to be "well" because their condition is not yet sufficiently severe or well formed as to give them the benefit of a "diagnosis" and put them in bed. We will come to see that it is even more unwise to neglect those in poor or only fair mental health, for their ill health has a more far-reaching and devastating effect on community life. We shall come to recognize these individuals and to think of them and the social disorder we find about them in terms of ill health. When we come to lay aside some of our old descriptive terms, both of opprobrium and of praise, and name precisely what we find in terms of mental health or ill health, we shall find ourselves in a world much more understandable and, therefore, manageable than the present.

There are some who so obviously fall into the groups of those with poor or only fair mental health that they cannot be mistaken—the domineering, arbitrary father, the clinging mother, the sentimental minister, the hard-boiled judge or employer or labor leader or college dean, the overly modest, overly religious, overly kind individual. The true state of these individuals is as blatant as the rash of measles. The difference between these individuals and those with a neurosis or functional psychosis is not so much a matter of kind as of degree.

Missing the crux of the matter, a domineering father we evaluate according to certain attendant, superficial circumstances. If he is a man of no particular social standing and with limited education, we are likely to describe him as a brute or a stubborn, unreasonable man. If he is of good social standing, a pillar of the church and of business, we are likely to describe him, although we may not like him, as a leading

citizen, a man of "iron will" and "strong character". The behavior of such individuals no more springs from "character", whether good or bad, than does the flush of a fever patient spring from robustiousness and abundant hæmaglobin. Both are signs of something wrong—in our present instance, of poor mental health. These fathers have saved themselves from more serious illness by working out their emotional problem through their wives and children. (An extra high heel and thick sole on a boot will neutralize a short leg, but it does not change the essential pathological condition of the leg.) Such people maintain for themselves a certain mental integrity, but at a fearful price for others. They solve with fair success their own problem, but create problems all about them, particularly in their children, who may carry the effects for the remainder of their lives, handing it on in turn to their own. Were the man tuberculous and did he, through carelessness, spread contagion about, the children would be removed from the home. We do not remove the children in the present instance because we do not see the contagion, but it is there. Into a perfectly healthy child with an intelligence that promises fine things the seeds of emotional problems are sown which will grow until they permeate the whole personality and largely destroy the early intellectual promise.

Since this paper was begun, a young student has called to see me. He has been dismissed from his college for reasons not intellectual; he is about to be discharged from his first position in New York—and for the same reason that he was dismissed from college. He is in despair. Is there no hope? Is this emotional problem with which he wrestles an innate part of him? Was he born so, and must he remain so as long as he lives? Is a successful, useful, reasonably happy life impossible for him because of this defect in his personality which may be expected to trip him and throw him on almost any occasion? If so, then why go on? These are his questions.

His problem is an artificially created one; it is not a part of himself, like his skin. It is like a splinter that has not been properly cared for and that has festered, incapacitating a part of him and more or less poisoning his entire system. And

where did the splinter with its infection come from? From a good and honest and honorable man—his father: from an unfortunate and self-saving and unhealthy man—his father. This man, his father, is a rock of integrity and moral rectitude; although austere, he is not without kindliness; he has worked hard and meant well by his family. He is honored and respected by his church and his community—and rightfully so, for he is an honorable man both in intention and in deed, and communities cannot go farther now in judging these things, cannot see the unhealthy basis of even this outwardly good thing and how the other side of the picture is destruction. They evaluate what they see; they cannot be expected to evaluate what they cannot see, or, seeing, understand. Two young children remain in the home. Each of the three who are sufficiently grown to leave home is in a poor state of mental health. One, in an effort to solve his problems, has plunged rashly and wrecked his life—at least for the present. Another at the moment is juggling with the elements of her life, and one of several outcomes is possible—none promising. The boy who has come to me I shall refer to a physician who understands these matters and who is skilled. The boy's two catastrophes have been blessings in disguise. I am sure of this: in the next few months he will learn more that is vital to himself than he would have learned had he completed his college course. With what he learns, he should be able to do the things he wishes to do; with what he would have learned he would have failed—and badly. This boy is not a weakling of whom a college is well rid. He would stand well in the upper half of college graduates and be a credit to any institution.

Another person whom we must come to see in a truer light is the overly devoted mother. The psychiatrist knows her to be a person in very poor mental health. The world is inclined to see her as a conscientious, self-sacrificing, devoted mother, the perfect example of "mother love". The world takes her at her own value, or, at best, judges her on the basis of what it can see or understand. What it does not understand is the unhealthy source of her "devotion" and "self-sacrifice" and the devastation she creates in the mental and emotional lives of her children. Burne-Jones sought in his models a certain

*spirituelle* quality. We know now that the quality that he caught in the faces of his models had its source in tuberculosis. This may not spoil the beauty of the picture, but, for those who in looking at a Burne-Jones see the tuberculous condition, it is difficult to become ecstatic about the *spirituelle;* at any rate—so far as the model and those about are concerned—it were better to know of the tuberculosis. So with these mothers; it were better not to confuse what is spiritual and valuable with what is sickness and destruction. These mothers, with their nervous anxiety and solicitude over their sons—who must guard their every thought and action, who choose their friends and even their clothes, who demand almost a lover's attention, and who are easily in tears at any thoughtlessness, who at considerable "sacrifice" give up their home life and come to the city to live in a cramped and uncomfortable apartment which they maintain for the son while he is in the university—these are not healthy women inspired by mother love. Blocked from the natural outlets for their emotional lives, or prevented by other unsolved problems from accepting these outlets, these unfortunate women are working out their emotional problems on their sons. The son is used as a personal instrument as much as a tooth-brush. It is a personal adjustment on an entirely wrong basis; it is a perversion, not a glorification of an instinct. Clinging in this way, to save herself, she creates within the boy a series of problems that will destroy his usefulness, produce an equal or greater amount of ill health in himself, or, at best, so hamper him that life becomes unnecessarily perplexing and burdensome. Throughout life, in spite of his intelligence and university training, he is a creator of problems, not a solver of problems. The world is not better for his having lived in it; it is more confused. And all this came about, not as the result of anything inherent or immutable in life itself, but through the blind groping of one who became a mother, whose groping need not have been blind, who need not have groped. Her problem was an unnecessary and artificial one, and understandable; preventable in the first place, but, having been produced, adjustable upon a healthy basis.

There is not a student in the university, from the most robust athlete to the sick boy in the university infirmary, to

whom matters of physical hygiene are not matters of importance. There is not a student in the university, from the leading "honors" man to the boy who is flunking, to whom matters of mental hygiene are not matters of vital concern. It is of the utmost importance, therefore, that, as we begin to think of mental hygiene in relation to the college, we think of it in sufficiently broad terms to give it sufficiently broad scope. It would be a most serious mistake to narrow our conception of its function to that of searching for "sick" students. From the very first the work of the psychiatrist in the college should be a matter of *hygiene,* not a matter of the treatment of disease.

The development of the work of the college physician and his staff should have significance for us in this connection. The function of the college physician, as a matter of experience, has come to be not alone that of treating physically sick students, important as that function is, but of looking after the physical health of the students generally, in order that loss of time through sickness may be cut down and that those students who are found not to be in good physical health may have an opportunity, under wise guidance, to improve their physical condition. Physical illness in the student body is likely to be of an acute sort in which rapid recovery is to be expected with the prompt application of expert treatment. Such students are usually treated and recover in the college infirmary. Where students are found ill of a serious, chronic disorder for which a prolonged period of treatment will be necessary, withdrawal from the college and transfer to a proper place for treatment is recommended. Both in aim and procedure, the method should be much the same in the field of mental hygiene.

The success or failure of mental-hygiene work in the college will depend upon the spirit in which it is carried on, and the expertness of those who have charge of it. There are other factors, however, that will enter in and need consideration. The location of the psychiatrist and his staff is not unimportant. The department of student health, the department of psychology, of vocational guidance, of personnel, of discipline, of the dean in charge of student activities have been suggested. Although to some it will appear at once where this

work should be located, it does not seem to me that it can be decided so easily. Generally speaking, it should be located in that department of the university where the work will be best understood. That department will be different in different universities, as "medicine", "health", "psychology", "personnel work", and the like, are not the same thing in all places. In some places, student health is narrowly conceived and is confined to the care of sick students. Mental hygiene would not thrive in such a department. The spirit that should permeate the work would be impossible. The psychiatrist's job would be largely that of a super-detective and disciplinarian—hunting for "queer" students about to throw themselves from windows, or examining, to the amusement of the local press and student body, some spectacular "culprit" as, perhaps, the editor of a student paper who has published a poem that does not meet with entire official approval. As this department deals only with sick students, and as to be "sick" in this sense means to be "crazy" or at least a "little off in the head", any student seeking the advice of the psychiatrist would be by self-confession a bit "crazy", probably "crazy" for thinking he was "crazy". A few suicides would be prevented, a few students in an early state of dementia praecox would be sent home before their conduct had become sufficiently bizarre to cause embarrassment, some students in social difficulty because of a hypomaniacal condition would have their condition diagnosed—after the event, rather than before—and properly be sent home for treatment rather than improperly disciplined. But the great body of students would pass through the university entirely untouched. So far as they are concerned, the psychiatrist might as well have been in Timbuctoo.

In those universities where the medical department is a student-health department, interested in keeping students well and in teaching them principles of physical health, the psychiatrist will find an atmosphere in which he can work to advantage. And here it should be located; the work to be done is medical work. It is the entire economy of the student one studies in any instance, not just a part of him. A problem that appears to be an "emotional" one may turn out to be a physical one, or a psychological one or, more frequently

than not, a combination of both. The psychiatrist may decide that the problem is a psychological one without any physical basis and treat it as psychological; but his doing so does not mean that he has disregarded the physical possibilities or that he dares treat it psychologically without first eliminating and evaluating the physical situation. Sometimes the case reported by a psychiatrist seems absurdly simple. It is simple, just as simple as it seems. But the process by which he arrived at its simplicity was not simple. To assume the simplicity frequently means tragedy. An appendicitis is simple once one can be sure it is an appendicitis and not a cholecystitis or a half dozen other things. One who cannot make a differential diagnosis cannot make a diagnosis; one who cannot make a diagnosis cannot know what he is attempting to treat. The psychiatrist will need all the facilities of the health department and should be closely identified with it if it is a real health department.

Circumstances, however, will determine where the work should be done in any given university. In any case, it will be important that there be a close working arrangement between several departments, as, for example, the office of the dean in charge of student activities, vocational guidance, personnel work, psychology, those in charge of matters of discipline, and the like. Each of these will have much to contribute to the work of the psychiatrist. The psychiatrist can be of very considerable assistance to them in the solving of some of their own problems.

It would seem that the subject might best be introduced into a college through a course of lectures, given preferably in the freshman year. There should be other courses later of a more advanced kind in the junior and senior years when a group of students who have had the first-year course are prepared to take them. There should be eventually, also, more advanced and special work for those who are planning to enter medicine, social work, nursing, teaching, and the like, and who might wish to continue work along this line. The course in the first year should be carefully planned. It should not deal with problems in "abnormal psychology" or with mental or nervous diseases as such, except incidentally in the course of illustrating a point or principle. It should deal

with those things with which the student is familiar, and which are of importance to him in the conduct of his own life. The student should come from the course with a better understanding of himself, not of a dementia-praecox patient.

It would seem wise to have the course an elective one. This may mean fewer students in the beginning. But if the course is a vital one, it will soon come to have plenty of students. The course should not be forced. Let it win its way. Neither should it be widely heralded. Knowledge of things that are important and vital soon gets about college campuses. One does not mean to imply that there should be any gum-shoeing or any effort to make things appear as they are not; merely that the spectacular be avoided.

As has been said before, there is no student in the college to whom matters of mental hygiene are not matters of importance. The great majority of students should receive sufficient understanding of themselves, and reorientation in any problems that may be troubling them, from the course itself. No personal conferences with the psychiatrist will be necessary, unless it be an occasional one. Other students, whose problems are a bit more difficult and perplexing to them, will seek out the psychiatrist of their own accord, relieved that there is some one who apparently understands these matters, when they had supposed that the matter was so entirely personal that no one could be expected either to understand it or be interested. These students (not weaklings, many times the best in the school) will need more attention on the part of the psychiatrist. A third group, entirely creditable as students, now being graduated annually in large numbers, will have problems that will be not only perplexing to them, but perplexing to the psychiatrist; or, if not particularly perplexing, of a kind that will require a more continued and systematic effort on the part of the psychiatrist, but that need not interfere with the function of the student as a student—much as the college physician might take under his charge a student with a bad posture which he was endeavoring to correct by carefully prescribed special exercises. A fourth group will be composed of those students who are ill of a nervous or mental disease. In the latter instance the student should not be in college; his condition should be promptly recognized

and he should be returned home with proper advice to his parents as to his condition. Treatment in this instance is going to be over a considerable period of time, and recovery and future health will be dependent upon the promptness and expertness of the treatment. In the case of those with nervous illness, hysteria, neurasthenia, psychasthenia, and the like, circumstances should probably decide the matter of withdrawal from college. Those students whose condition is serious should not, of course, remain in college. Getting well is more important for them at the moment than getting a degree. Here again treatment over a considerable period is necessary, and for this the college should not assume responsibility. These students should not be permitted to break down, as they do now, and then be sent home to "rest" from "overwork"—when they have not been working for weeks—and probably with the advice to return next year after they are "rested". Such "diagnosis" and advice is unworthy of a medical department and wretchedly unfair to the student and parents who have confidence in it. While the college may not desire the individual as a student, the least it can do, if it maintains a medical department, is to see that a proper diagnosis is made and that the parents, upon the return of the student, are advised as to the course it would be best to pursue.

Students with mild neuroses may probably retain their place in school. They remain at present and are considered satisfactory students by faculties; there would seem to be no reason why a more precise understanding of their condition should make them any less satisfactory. A college, to be sure, is an educational institution and not a sanitarium; but it is made no less the one nor more the other by understanding a bit better those to whom it now gives its approval and frequently its praise. Probably the nearest that one can come at the present time to a general rule would be that those students whose condition is such that the regaining of health should be of more importance for the moment than the gaining of a college education should be returned home to regain their health, and that so far as other students are concerned, each case be decided upon its own merits.

While from the first many students will come to the psychi-

atrist by reference from some other department of the university, eventually most of those who come should come of their own accord. This can be brought about if the proper spirit obtains in the department itself. This has been the experience at West Point and at Dartmouth. President Hopkins, of Dartmouth, in a recent address [1] remarked that they had been a little solicitous at first that the student would not wish to be referred to the psychiatrist. However, not a student who has been referred has objected, and students are now beginning to ask if they may have the privilege of consulting the psychiatrist. This is entirely as it should be. It does not represent a morbid attitude on the part of the student who thus inquires; on the contrary, it represents a healthy attitude in that it indicates that instead of endlessly mulling his problem, of continuing an introspection that takes him about in circles and gets him nowhere, the student has, in part at least, freed himself from the elements of mystery and fear that surround these matters and has come to the point where he has begun to see that these are human problems like other problems, and where he wants direction for handling them on that basis as he would a physical problem. Morbidness cannot come from better understanding the elements of a problem and thus becoming the master of the elements and of the problem. One becomes morbid through the contemplation of a problem the elements of which one cannot understand, and through consulting friends and official advisors who have sympathy, but no more technical knowledge of how to get at the fundamentals of the matter than one's self. This is a method once quite generally in use, and with much attendant misfortune. It is still the official method most generally used in dealing with emotional problems, although to avoid the obviously unfortunate results, the tendency on the part of friends and advisors is now apparently to attempt to minimize the importance of the problem—"Forget it; cheer up!"—implying that things do not exist unless one admits them. Some problems are not important if one can be sure which they are. But no problem that had any importance, no matter

[1] *Mental Hygiene and the Colleges.* Read at the Annual Meeting of The National Committee for Mental Hygiene, Hotel Pennsylvania, New York City, November 13, 1924.

how simple and unimportant it may have seemed on the surface, was ever solved by anything so fatuous as a cheer-up philosophy. One is not avoiding morbidness by going about the world grinning like a Cheshire cat and saying in effect: "Nothing is wrong with me! Nothing is wrong with me! I'm happy! See how happy I am! Ha! Ha!—Ha! Ha!" This is not morbidness—it is almost a disease.

Aside from those students who may seek advice and those who are referred, it may be desirable to get in touch with other students who are in need of assistance, although, it would seem to me, caution should be used not to undertake more than can be accomplished. In a student body of any size, it will be some time before every student who needs assistance can receive it. For research purposes one would be justified in undertaking as large a problem of investigation in the general student body as one felt one could manage. For immediately practical purposes, such as assistance to students, it would be unwise to place a greater burden upon the personnel than it can carry. This service should never be permitted to become hurried and casual. However, there are certain types of students that it would be well to know about and to follow through their course. A competent psychiatrist, skilled in observation, who was present at the physical examination of freshmen and who *chatted* briefly with each student would, when the last freshman had passed the line, have a list of the names of students whom he would consider it well to follow. Some of these he might wish to seek out; others he would be satisfied to follow through their courses, seeking them out as it became evident that they were beginning to get tangled up in their new environment.

This first contact with the student should, indeed, be a chat and not an "examination". A formal "examination" at this point is probably to be avoided. Seldom should the "chat" be on professional subjects. Inquiring at this time if any of the student's grandparents were ever "insane" or "nervous" elicits information of little or at least questionable value even though the answer be "yes", and may by its very asking defeat the getting of information that will be valuable. There may be a time and reason for asking this question, but it is not now. The same is true of inquiries as to possible fears or

worries or headaches or relationships with other members of the family. The student has brought to the university only such ignorance in these matters as is generally current in the environment from which he has come. He is prepared to say whether he has ever had a stomach ache; he is not prepared to discuss, and will probably sadly misunderstand, the implication of any questions at this time in regard to the mental health of his relatives, or of his own fears and idiosyncrasies. He already has some doubts about himself, perhaps, and at the moment is under the nervous strain of entering a new and somewhat bewildering environment. One should not add to these by raising questions open to misunderstanding unless one is prepared to see the matter through. At this juncture one cannot be so prepared. At such a time one may learn more about a student by discussing the weather with him than through any questions as to "fears" or what-not.

During this period of freshman physical examination note might well be made—not necessarily by the psychiatrist, but by some other physician on the staff expert in these matters—of the endocrine types passing through. Our present knowledge of the endocrines may be limited. This limitation, however, would seem to be rather in the field of therapeutics than in the identification of types. The latter have been fairly well worked out and can be identified with a fair degree of accuracy. This is of very great importance in the matters we have in hand. A boy whose thymus gland persisted too long in its activity so that there has been built for him a long, loosely knit body which fatigues easily and which at eighteen has not attained a proper degree of maturity has had, we may be quite sure, very special and particular emotional problems to meet as he has taken this body about among his colleagues. The acid of these problems has cut deep. Everything having been left to chance, it will be a matter of surprise if he has reacted to the situation in a healthy way. He may be a "fine, lovely boy", but that is no guarantee of mental health. He has had a difficult struggle, but the struggle is going to become still more difficult in the immediate future and in an environment that offers him still more opportunities for unhealthy compensations. The result should no longer be left entirely to chance. One may not be able to

remake his loosely knit body into a more compact and useful one or to add perceptibly to his masculinity, but one may assist him to meet in a healthy way the emotional problems that these physical handicaps involve. It is especially worth doing in this instance as the boy will probably have an intellect well above the average of his class. Other endocrine "types" will likewise present special, though different, emotional problems, and all should be noted and the names of the students referred to the psychiatrist for such action as he may deem it wise to take.

How should work of this kind be inaugurated in a university? What should be the qualifications of those who are to do the work? Can the average medical or student health department, as we find it to-day in the universities, organize this type of work? This is not work for amateurs, either medical or lay. It should be done only by those who are specially equipped for it through training. All physicians as a part of their training have had work with the X-ray. This undergraduate work, however, in no way prepares them as experts in X-ray. Should a student health department find it important to add to its facilities an X-ray equipment, it is certain that this equipment would not be turned over to some member of the staff who was "interested" and who had "done some reading on the subject". If it were important to have the X-ray, it would be important to have available some one expert in the use of the X-ray. The one is valueless without the other. One may be sure that, in this instance, the university either would add to the staff of the clinic one specially trained in the use of the equipment or would grant a leave of absence to some member of the staff who would in some suitable place prepare himself adequately for work in the field.

This is even more true in the field of psychiatry and mental hygiene. The amount of training in this field that any physician has had, no matter how competent he may be as a general physician, is so small as to be negligible except as a possible foundation for further special study. Because it comprehends a wider range of those subjects necessary in mental-hygiene work, it is as a foundation better than that of any other professional training, although one does not minimize the importance of other types of training or fail to

recognize the inadequacies and weaknesses of medical training in certain respects. However, the physician has but a foundation, and any physician wishing to equip himself for this work can do it only by devoting himself to a period of special clinical study under supervision.

The psychologist, upon receiving his doctorate of philosophy, is no more adequately equipped, and his foundation is less adequate for the present purpose. Valuable as is the special knowledge and technique he has, he is without clinical experience of the sort under discussion and, like the physician, until he has obtained this—and there are able psychologists who have—he is not prepared. When under these conditions clinical work is undertaken, it is unjustifiable vivisection in which the operator learns, if his naïveté does not keep him from seeing them, through the mistakes he makes on his subjects. Once there was no other way. There is now a better way, and it should be followed.

While it is important that the mental health of students begin to receive the attention from universities that it deserves, it is still more important that such work be not undertaken until a competent personnel is secured by the university to do the work. Novices will create more problems than they will solve. In fact, such persons represent a problem in themselves. The first person a psychiatrist might wish to examine would be the faculty member who felt an urge to undertake such work, knowing full well that he was in no way prepared, although he would probably find reasons to convince himself that he was. One would expect to find such an individual in much the same state as one of the Y. M. C. A. students previously mentioned, or the overly fond mother, who were utilizing others—in this case it would be under the guise of a scientific procedure—as personal instruments in the working out of their own unsolved problems. There are a growing number of physicians and a few psychologists who, by their special training and experience, have become competent to do this work. None other should be permitted to do it.

People generally have become too well informed in matters of physical health to permit that a symptom or condition resultant from ill health be foisted upon them as a standard of excellence to which all must struggle to attain. Though

there may be an element of beauty in the translucent complexion of some tuberculous patients, it is inconceivable that a group of tuberculous patients, no matter how powerful or how well disseminated in strategic places, could force upon the world the acceptance of this as a standard of beauty—a standard to which we must give worshipful allegiance, which, if we have it not, we must make every effort to attain and be filled with regret and humiliation if we do not succeed, and which to deny would mean placing ourselves in opposition to the group. Only where there was complete ignorance as to the significance of this type of complexion would such a standard be possible.

And yet in the fields of morals, of ethics, of religion, of human relationships generally, we do identically this thing. Not being so familiar with the indicators of mental ill health, we have frequently accepted as gold what glittered, or as a virtue what was in fact a deformity, or as strength what was weakness. Leaders, deceived in themselves, have been permitted to make assets out of their own personal liabilities by forcing the acceptance of these liabilities as standards for all. The confusion of the world to-day is not due entirely to the intricacy of the problems of adjustment to be solved, but to the unhealthy state of much of its leadership.

No organization should be more concerned with these matters, as probably no other organization has quite the same responsibility, as the university from which come annually those who are to play dominant rôles in the lives of communities. The emphasis of the university at the present time is upon intellectualism. But an intellectualism that is but a handmaiden to other personal forces may be a malignant thing. Intellectualism is not enough. Either intellectualism must become master of the situation and cease to be a handmaiden, or it will likely lose the opportunity of even such high station and sink to the level of serf or coolie. Without desiring to place in the concept of the term "mental health" any more than he may have had in mind, one agrees with the statement of President Hopkins, of Dartmouth, that "we cannot safely develop intellectualism unless we preserve mental health at the same time".*

* See note, page 255.

# COLLEGE MENTAL-HYGIENE PROBLEMS*

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THE MEDICAL profession has lately begun to realize that the problem of human health involves other aspects of man's life besides physical conditions—that the behavior of the liver, the action of the various joints, the effects of diseased teeth, and the like, important as they are, play no more vital a part in man's functioning than such things as desires, emotions, and ambitions. Indeed, the latter are perhaps of even greater significance, since man is a social organism whose healthy and efficient functioning is largely a matter of his relations with his fellow men, and those relations are the direct result of his mental states and attitudes. The new field of work that this realization has opened up is so vast that we who are interested in it and have the training for it bid fair to be overwhelmed by the demands made upon us.

Many people have the idea that mental hygiene, as we call this new branch of medicine, is concerned only with what goes on above the collar button. As a matter of fact, its fundamental interest is in the functioning of the organism as a whole. It has a special interest in the nervous system because it is through that system that the organism as a whole functions. And when I speak of the nervous system, I mean the whole nervous system. I have never been able to understand why we should segregate the brain from the rest. The brain is the most important part of that system, the central switching station, necessarily vital to the rest of the system, and vice versa. It seems to me that we should wipe out the rather vague distinction between mental and nervous diseases and

* This paper was read at the Fifth Annual Meeting of the American Student Health Association, New York, January 2, 1925, with two other papers which are published in the present issue of MENTAL HYGIENE—*Mental Hygiene and the College Student: Second Paper,* by Dr. Frankwood E. Williams (pp. 225-60) and *Management of Acute Mental-Hygiene Problems Found Among College Men,* by Major Harry N. Kerns (pp. 273–81).

consider the anatomy, physiology, and pathology of the nervous system as a whole. I cannot see why a delusion or a complex should be considered apart from the rest of the body, any more than an impairment of the function of the stomach or the kidneys. In both cases, the whole system should be taken into account. The activities and inactivities of the brain are merely a very important part of the functioning of the whole system.

In taking up the subject of this paper—mental-hygiene work with college students—I want to say in the first place that it is the most fascinating work that those of us who are engaged in it have ever undertaken. The cases with which a psychiatrist usually comes into contact are patients who have been suffering for many months, sometimes for many years, from abnormal functionings of the nervous system; their disorders are as a general rule very deeply seated. With college students, however, it is quite the contrary. They are still in the formative period, and their maladjustments are usually of very recent origin. It is commonly supposed that an hour and a half or two hours must be spent upon each case, but actually these college boys and girls present comparatively simple problems; in a very short time they will spread before one the histories of their whole lives, with all their ambitions, their defeats, their subconscious yearnings. I believe that others who are at work in this field will bear me out in the statement that with the average case, one can get a very good idea of the problem in half an hour.

Just here I want to emphasize a point that I think has impressed all of us who are in this work, and that is the necessity of not only interviewing these boys and girls and entering into their problems, but examining them as well. I believe that in every case a careful physical examination should precede the interview. In several of the cases that I am about to discuss, the root of the problem was entirely physical. It is not, in my opinion, necessary for the psychiatrist himself to make the physical examination—except perhaps certain parts of it that have to do with the nervous system and that call for the experience of the specialist. If the examination given by the college is thorough and if the reports are properly coördinated, the psychiatrist can secure

from this source all the information he requires and have it spread before him at the time of the interview.

I shall not go into the question as to what department of the college should have charge of the mental-hygiene work—whether it belongs properly to the department of hygiene, the students' health association, or a personnel department, such as that at Dartmouth. This seems to me a very secondary matter. The important point is that the work shall be done. Different situations will arise in different colleges. At Dartmouth, for instance, the mental-hygiene work was carried on through the department of personnel research because that department had been very well organized after the war, and the head of it had become the official father confessor for the college. He was thus in very close touch with the men and their problems and those that needed special attention he referred to me.

The cases that follow are mostly from Dartmouth, although two other men's universities and a woman's college are also represented. The average college student, man or woman, has no mental-health problem. He makes his adjustments without much difficulty; he keeps up with his classes, gets along with the faculty, makes friends among his fellows, and in general enters with a fair degree of success into the life of the organization of which he has become a part. It may be that later on, when we have perfected our technique for improving human efficiency, we shall be able to do something even for these so-called normal students—to assist them to a more efficient life—but we certainly have neither the personnel nor the time to undertake anything of the kind now.

But in every college there is a certain percentage—larger than is generally realized—of boys and girls who are struggling with some definite problem of adjustment. In some of the cases I saw—I should say about a third—the problem was one of scholastic adjustment. These students were suffering from improper training in such matters as concentration or attention, and in consequence were not making the grade in their studies, were having special difficulties with examinations, and so forth. Cases of this kind are in my opinion really scholastic problems. They belong to the educator—I

should say the specially trained educator—rather than to the physician.

The other two-thirds of my cases can be roughly divided into two groups—those whose difficulties had a physical basis and those who were having what I will call environmental and psychological difficulties. In some of the cases of this second group, the difficulty was entirely one of the environment, arising from situations in the home, in the college group, and so forth. There were others whose difficulties were both environmental and psychological, and others again whose troubles were apparently purely psychological.

And right here let me say that a student's difficulties are sometimes not altogether his own—sometimes he is suffering from a lack of adjustment in the faculty. It has been said that those who are teaching mental hygiene or engaged in mental-hygiene work should be very careful to put their own houses in order, to see to it that their own adjustments are good. The faculties of our colleges might very well take that warning to themselves.

The cases that immediately follow belong to the group in which the underlying problem is physical. The first is that of a young man, an only child. Dr. Stanley Hall has said that being an only child is a disease in itself. That is perfectly true. Some "only children" get on very well in spite of their handicap, but there is no getting away from the fact that such children have a problem of adjustment all their own, and sometimes have a great deal of difficulty in solving it. In the case of which I am speaking, the boy's father was dead, and his mother was a very neurotic woman, subject to "heart attacks", during which she would announce to her son that she was going to die. Emotional scenes of this nature were constantly taking place, the mother endeavoring by means of them to tie the boy to her apron strings. The boy, a brilliant fellow, destined to go far in the field of mathematics, finally emancipated himself, not only geographically, but atmospherically, married, and went away to college.

In college he made a brilliant scholastic record, but he was very much handicapped financially and had to work his way through. He lived some distance away, and every day, in addition to his regular athletic program, he walked six miles.

At the same time he was not getting sufficient food. He was over six feet tall, and his weight came down to less than 130 pounds. He had a blood pressure of 90 over 50 and a rather marked secondary anemia. He began to be very apprehensive, dreading to go to his classes, dreading to meet his fellows, dreading more than anything else getting a letter from his mother. The strain of all this was too much for him, and he broke under it. He actually went into a state of acute anxiety with confusion, and was put into the local hospital. From there he was sent to a sanitarium, where he stayed five months until he was well enough to go on with his college work. I saw him from time to time after he got back, but he had learned his lesson—the folly of neglecting physical health.

Probably many of you are familiar with the correlations between physical conditions and neurotic symptoms that Dr. Stanley Cobb made in connection with the department of hygiene at Harvard, where the men are grouped according to the results of the physical examination into four classes—A, B, C, and D. Dr. Cobb found that Class A men, who approach 100 per cent in physical fitness, had almost no nervous problems, while the highest percentage of cases of maladjustment and nervous reaction occurred in Class D. There is, of course, a very striking lesson there. In the case that I have been discussing, immediate endeavor was made to get the boy out of Class D and as nearly as possible into Class A. He was made to rest for a definite period each day, his diet was carefully supervised, and a little mental-hygiene work was done with his mother. The result was that he gained 30 pounds and got well. He graduated, and is now fitting himself for research work or for teaching mathematics.

It may be said that this is a very rare case—one that would not often occur in a college, yet a casual survey of a number of colleges has made it clear that there is a small percentage of men who are really in need of rest and food, who are carrying on a little athletic program of their own in taking care of somebody's furnace or shoveling snow from somebody's paths, and at the same time not getting enough to eat. It is not to be wondered at that some of them break under the strain. During the last two years, Dartmouth and Technology have been making a real study of this matter of nutri-

tion. Dartmouth has a full-time nutritional worker and a physician who comes up to look out for the under-weight men. The man who is only 10 per cent under weight simply gets a curtain lecture; he is warned that he is under weight and is given instructions as to what he must do about it. Those who are more than 10 per cent under weight are put into classes and an endeavor is made to bring them up to standard. Obviously mental hygiene and this health program must go hand in hand. If this program had been in effect at the time of the case I have been discussing, the boy's breakdown could probably have been prevented.

The next case is one of glandular dysfunctioning. The boy in question was sent by the dean because, although he had passed his psychological tests well and was doing good work in his classes and in examinations, he was in danger of being dropped from college for over-cuts from chapel. The trouble was that he couldn't get up in the morning. He said that he set his alarm clock for 6:45 and woke up when it went off, but felt so dull and heavy that he would turn over and sleep another two hours. A physical examination of the boy revealed a very definite endocrine imbalance. He had the typical drowsiness in the morning, abnormalities of the head, disproportion of the bony framework, and so forth. I believe there is no question whatever that he was a pituitary case. There may be people who know of some definite treatment for pituitary dysfunction; personally I think that the subject is in a rather theoretical stage as yet. The treatment prescribed for this boy was a rational hygienic program with some glandular therapy. He was also given a roommate to get him up in the morning. The boy still feels dull and heavy and still has his chronic headache, but he has improved and is carrying on his work, and his glandular difficulty is under skilled observation. This boy might very well have been dropped out of college—thrown into the discard of college men who are failures—because of a purely physical handicap.

The next is another physical case—a boy of twenty referred by a very zealous member of the faculty who had noticed him biting his finger nails in class. The boy's explanation was that this particular class came at one o'clock, just after he had had his lunch, and was a very dull class, and that he

wasn't biting his finger nails, but prodding his mouth and face to keep awake. A short interview with this boy showed him to be apparently very well adjusted mentally. He was a senior in college, he had made everything worth while, and he seemed to present no special problem for me. When one is working on a part-time basis, one's attention is naturally attracted to the cases that are obviously in need of help, and one is not unlikely to miss the less obvious cases, as one would not do if one had more time. It might have been so with this boy if he had not happened to remark, toward the end of the interview: "I was turned down for life insurance a year and a half ago." "Why was that?" I asked. "They found my blood pressure too high. My father has been having a very high blood pressure, and my mother always tells me that I am the image of my father." The boy had a blood pressure of 165 over 90, a tremor of the hands, and exaggerated reflexes. Perhaps this case did not properly belong in the mental-hygiene department at all, but the fact remains that it was picked up there, and it shows the necessity for a close coöperation between the department of student health, the department of hygiene, the gymnastic department, and so forth.

The boy was given advice as to exercise, diet, and the like, and was referred to a competent physician to be examined for possible toxic foci and for a study of metabolism. It seems to me that it was very much worth while to get hold of this boy, just as I think it is worth while in this work to get hold of the football player who, after receiving an injury to his back that every known examination shows to be trivial, has a reaction to that injury out of all proportion to its gravity. Such cases are not at all uncommon. One man has an injury to his back or gets a sinus infection, and it does not seem to bother him particularly; another man is quite upset by it. The pathological process is the same in both cases, but in one the reaction to it is what we call normal, while in the other it is exaggerated. Now the football player whose reaction is out of proportion to his injury needs to be understood and watched by the athletic authorities, the college physician, his teachers, and so forth, because it is probable

that his reaction to failure in examination or to the criticism of his fellows will also be out of proportion to the cause.

The next case illustrates an environmental difficulty. It is that of a boy of eighteen, a brilliant athlete, although he was very much under weight. He came from a family in which he was, not the only child, but the only boy. His mother was neurotic, and his father was Prussian—Prussian in every sense of the word—a domineering, dictatorial man. All the boy's life, his mother had spent her time trying to protect him from the verbal attacks of his father, so that there had been constant conflict in the family. The boy had grown up in that atmosphere of conflict, and was extremely unstable emotionally.

He had wanted to go to a certain college, but his father had forced him to go to another. After he got to college, he did what a boy of his type is bound to do—he over-reacted to his new freedom. At home his every action had been dominated, and now that he was his own master, the pendulum swung too far in the other direction. He smoked too much, stayed up too late at night, danced too much; when he drank, he drank too much. What with all this, with undernourishment, with getting in with the wrong kind of companions and being too susceptible to their influence, the boy was making a failure of his freshman year.

The first thing to be done for him was to show him his problem. It had never occurred to him that he was the victim of circumstances and environment. Now it was explained to him that he had been struggling against more than ordinary odds. He was helped to realize that his behavior since coming to college was simply a childish assertion of independence, and that he had still to win real independence, based upon a sound philosophy of life and an acceptance of life's responsibilities. The primary duty of caring for his physical health was pointed out to him.

To my mind this boy was an ideal problem for college mental hygiene. Incidentally, as in so many of these cases, the roots of the problem were in the home. That is where we encounter our greatest difficulties in dealing with a case like this. But even without much coöperation from the

home, a great deal was done and is still being done for this particular boy.

Another victim of home influences plus psychological difficulties was a wonderful chap, a football player, very popular in college. His father and mother were separated, and he was legally rather divided between them; he lived most of the time with his mother, but his father supported him. His father was a brilliant dreamer, who inoculated the boy with ideas of intellectual freedom, of contempt for social responsibilities. His mother petted him and coddled him.

He came to college and was made much of by his fellows, as he had a great many assets. He put in a very creditable first year and forthwith said to himself: "Why, this is easy enough. There's nothing to it. I can slide through these four years at college on the crest of the wave." So in his second year he neglected the arduous duties of studying and attending recitations, and devoted most of his energies to the various social organizations in which he was a leader. About this time, too, he came into contact with a number of followers of a radical school of thought. The result of it all was that he lost his sense of proportion and began to give himself up to daydreaming, his favorite dream being that he had enough money for a very nice house with a living room entirely surrounded by bookshelves. Here he would spend his days browsing among his books until he was tired of it, and then he would travel about the world with no responsibilities at all to society. Obsessed with these ideas, he continued to neglect his studies and to carry out his notions of social freedom until the college governing body asked that he be removed from college—rather an interesting and wholesome indication of the point of view of the students in general.

At this point the question arises: Where does our responsibility toward the student begin and where does it end? Probably no one has ever answered that question definitely. Certainly there would be a good deal of disagreement as to the answer. For instance, some one has said that with our mental-hygiene work, we are turning the college into an intellectual nursery. I need not say how far I am from agreeing with that point of view. But does our responsibility end

even when a student drops out of college? Personally, I don't feel that it does. In view of all the money that the parents of such students have spent in preparing them for college and the additional money that the college has spent upon them during the time they are with us, it seems to me that we are under an obligation to help them steer as fair a course as possible even after they drop out. In this particular case, I made a report to a family physician whom I knew and in whom I had confidence, explaining the case to him and asking him to do what he could for the boy. I am sorry to say that he has not been able to do very much, as immediately upon leaving college, the boy got into touch with a wealthy associate who had also been dropped and the two started off on a trip around the world. It is all a great pity, for the boy really has something to contribute to society. Perhaps after he gets over his intellectual puberty, he may settle down and do great things, but there is grave danger that he will become a social and moral outcast—or at least that he will dissipate his energies in selfish indulgence and never realize his splendid possibilities.

My last case is that of a girl who was brought up in New England by very Puritanical parents. She was taught that dancing is sinful and card playing even more so. Intellectually she was very capable and got on fairly well at college until her junior year. She made few friends, but those few were very good friends. She could not, of course, take much part in the social life of the college because she could not dance or play cards or even be present where such things were being done.

In her junior year the question of smoking among the girls came up. Unfortunately the newspapers got hold of the affair and made a good deal of it, so that it was rather forced upon the college authorities as an issue. The girl I am telling about was perfectly horrified to learn that such a thing was going on. Her reaction was tremendous. A meeting was held to discuss the subject and she got up and said that it was not a question of policy at all—it was a question of right and wrong; that if this sin continued, her class and her college were certainly headed for perdition, and she felt that

she must raise her voice in protest against it. Of course she was subjected to a certain amount of sneering and jeering from some of her college mates, and she began to feel herself a social outcast. She was on a committee with some of the people who disagreed with her and she felt that she should resign from this committee. She really made a great issue of the affair.

At the same time she was having other difficulties. Through some of her friends, she had got rather interested in dancing and sometimes found herself wondering whether it might not be permissible as a wholesome athletic exercise. This gave her the feeling that she was a traitor to her father and mother, who were making such sacrifices to send her through college. To add to her conflict, she was taking a course in the philosophy of religion and some of the ideas expounded in it were directly at variance with those of her parents. The broader spirit of these new teachings interested her, even fascinated her; and here again she could not help feeling that she was being disloyal to her father and mother. It became a question to her mind of either giving up college and with it the ambition of a lifetime or playing false to her parents and their teachings. The situation was too much for her and she had reached the point of deliberately making up her mind to commit suicide as the only way out of her troubles.

It was not difficult to bring this girl around to a more normal point of view—to show her that opinions and beliefs are always in a state of change and that one can be loyal to the spirit of one's childhood training without clinging blindly to the letter of its teachings, in defiance of one's own judgment and experience. The girl completed her college course and is a successful teacher to-day.

During the past year, the Surgeon General of the United States Army tells us, there were more deaths from suicide in the army than from any other single cause—a striking proof that the problem of mental and nervous maladjustments is one of the most serious that confronts us to-day. And when we pick up the papers and read of a suicide in this college or in that,

of a suicide pact between two college girls, and other items of the sort, we are forced to realize that in our own scholastic groups there are individuals who are in urgent need of help and guidance if they are to be saved from mental shipwreck. Undoubtedly there are many others who could be saved from mediocrity by a deeper knowledge of themselves and their own problems, who with a little assistance could make far better adjustments to the demands not only of college life, but of the broader life that they will enter when they leave college.

# MANAGEMENT OF ACUTE MENTAL-HYGIENE PROBLEMS FOUND AMONG COLLEGE MEN*

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THE PROBLEM of physical-health conservation at West Point is perhaps simpler than that which obtains at any of our civilian universities, for obvious reasons. In the cadet one has, to begin with, an almost perfect physical specimen, and during the years of his training, the hygienic conditions with which he is surrounded—conditions that are actually forced upon him, together with opportunity on the part of the medical officer for observation, supervision, and control—leave little to be desired. One may almost dismiss the physical-disease problem with acute surgical conditions and acute respiratory disease.

The purpose of this paper is to discuss certain acute mental situations that arise among this very carefully selected group of young men. And by mental situations, I do not mean gross mental disease or chronic nervous disorders; these, like physical unfitness, are largely eliminated at the examination for entrance. I refer to the emotional problems which every boy or girl is required to meet during that difficult period of adolescence. Whether the rigid military discipline at the Military Academy is to blame for the frequency of these problems, whether they are more common at West Point than at other colleges, one cannot say, but it seems not unlikely that one would encounter pretty much the same situations in any college undergraduate group.

Mental hygiene was not established at the Military Academy by War-Department order; it came about by a sort of natural evolution and its growth has been gradual. As soon as it

* This paper was read at the Fifth Annual Meeting of the American Student Health Association, New York, January 2, 1925, with two other papers which are published in the present issue of MENTAL HYGIENE—*Mental Hygiene and the College Student: Second Paper,* by Dr. Frankwood E. Williams (pp. 225–60) and *College Mental-Hygiene Problems,* by Dr. Arthur H. Ruggles (pp. 261–72).

became known among the cadets, however, that there was at hand an agency prepared to help them with their problems, a personnel interested as much in their mental as in their physical welfare, they were not slow to take advantage of the facilities provided. The great majority, of course, came as voluntary patients, but I shall begin with a case that did not.

Cadet A was referred by his tactical officer (military instructor) for poor scholastic work (he had previously been an excellent student), indifference, and an attitude of resentment to correction. The patient lost no time in assuring me that the trouble was not with him, but with his superior, who, he said, was arbitrary, mean, and unreasonable. During the course of our talk it was learned that the boy thought his father had never understood him and had been unusually severe and unreasonable. Though the boy had seriously resented such treatment at the time, his attitude had been mellowed by the years that had elapsed since he left home. The analogy between the two situations, the parental and the present, was pointed out to him. It was explained that his tactical officer (really one of the most just and efficient at the academy) was merely a symbol for the father and hence the recipient of all his resentment. A complete transformation came about in this lad within twenty-four hours, a transformation that surprised the physician more than it did his officer, and the change has been a lasting one.

For the artistic type at West Point the way is hard. The monotony and grind of military precision, the total lack of opportunity for individual expression, are most harrowing to these sensitive, fine-grained, imaginative lads.

Cadet B came to the hospital with a number of vague complaints, chief of which was depression. In fact, so hopeless seemed his outlook that the night before he had secured a pistol with the intention of suicide. While writing a farewell letter to his mother, the mail orderly brought him a letter she had written to him. This deterred him for the moment, and the next day he sought help at the hospital. During the course of the personality study, it was learned that he was extremely fond of poetry and music; at length he volunteered the information that he had written some verse which he agreed to bring with him on his return the following day. Some of it

appeared very creditable, so much so that consultation was held with the professor of English, who considered that the boy had real talent. He was urged to continue his poetry writing and to submit it for publication. During his last year at the academy, he was getting acceptances for his poetry from some of the leading magazines. Although this could hardly be considered an acute situation, it was one that had arrived at an acute phase, and the boy was perhaps reached at the right time. Although he had not quite found his golden fleece, he had found in part the outlet he was seeking and with it a happier outlook.

In the same category with the poet we may place Cadet C, a violinist, though he better represents an adolescent type of propitiation. He came in complaining of headache and insomnia; it was only his third month at the academy and the life of a plebe (freshman) is not always a happy one. Undoubtedly his somatic complaints represented an unconscious desire to escape from a painful situation; this he stoutly denied, but admitted that life at the academy was most unpleasant. Cadet C had been brought up by wealthy parents, in spite of which handicap he had been leader of his gang at home. At the age of fourteen, he and his boy friends broke into a hardware store and stole some pistols. The responsibility for the theft was traced to our patient, and because he was the leader, he was sent to a reform school, where he served a six-months sentence. His father promptly disowned him; the mother remained loyal. He left home and went through preparatory school on money supplied by his mother. His objective was West Point, and his purpose was twofold: first, it would make a man of him, and second, by submitting to four years of a training that was most distasteful to his artistic sense, he would wipe out the stigma of the earlier episode. The folly of this method of compensation was explained, and he was persuaded to resign and continue his musical education. Here was a desperate attempt at expiation, but at what a price!

One of the difficult situations to which the cadet must adjust is isolation. With the exception of Christmas leave and an occasional twenty-four-hour pass granted to first-class men (seniors), there is but one furlough during the four years.

It is conceivable that a boy might get himself into a situation the details of which he would not care to impart to his tactical officer or the commandant, but the seriousness of which might make it expedient for him to be absent. Cadet D found himself in such a situation and came to the hospital for advice. The girl in the case was his fiancée. She was on the point of suicide, and he was prepared to resign. He was asked for details, which he quite frankly imparted. There had been a warm embrace with orgasm, but without penetration. Four days later her regular cycle occurred, but the following month, during which she was still frantic with worry, the normal event did not take place and she was now some five days late. She had confided in her older sisters, from whom she got no sympathy; she was told that she had disgraced the family. Assuming the boy's story to be true, I told him that his fiancée was undoubtedly suffering from an emotional suppression of her menses, that all her troubles were due to fear. He was given five days' sick leave and advised to repeat to his girl what he had been told. His positive reassurance had the desired effect within twenty-four hours. His career was saved and possibly a suicide prevented.

In every college group one must encounter a number of individuals who are inherently introverted and who, because of a feeling of inadequacy, are found avoiding contact with their fellows; they live apart and spend more and more time to themselves.

Cadet E complained of depression and a feeling of insecurity. He had been brought up in a home in which he had no companionship except that of his father and his father's friends. The other boys in the neighborhood were not considered suitable company for him; he knew no boys his own age and did not play boys' games. One can imagine the adjustment with which he was confronted upon being thrust suddenly into an environment of 1,200 youngsters of his own age. His colleagues considered him peculiar from the beginning and this, of course, added to his difficulties. After a feeble effort to adjust, he gave the situation up as hopeless and sought the quietude of his room and his books. Without any attempt to go more deeply into the problem, he was told that his reaction was decidedly unwholesome and was urged

to make more contacts. His progress was slow at first, but it was consistent. I had an opportunity to observe this cadet for three years, and I know of no case in which a more gratifying result was obtained. He did not become a class leader, but he was just around the corner from it when he graduated. There was one interesting side light on the situation. One day during his last year he came in quite enthusiastic about a man whom he had met in a near-by city who just couldn't do enough for him. "Why, he knows lots of my boy friends and he takes us on joy rides, dinner parties, theater parties, and so forth, and he insists upon paying all the bills, even the hotel bills." Upon careful questioning, it was learned that girls never attended any of these parties; in fact, the "man" did not care for girls. Sensing a homosexual situation, I advised caution, but was assured that such a thing was impossible. A few weeks later he informed me he had learned that the man was not only homosexual, but was in love with the patient and had attempted to kiss him. Relations were broken off at once. This cadet is engaged to be married, and there is every reason to believe that he is sexually normal.

Unhappy domestic situations at home are not an infrequent source of the worries that are brought to the physician, and though the remote factors responsible for students' difficulty are not remediable, I believe it is often helpful to discuss the matter with the patient, for thereby he may acquire a better conception of the problem from all angles.

Cadet F was irritable, depressed, and sleepless. The interview brought out the fact that about a week before, he had learned that his mother had left home and had become pregnant by another man. He was filled with bitterness and hatred for his mother because of her infidelity; his heart ached for his father. He had quite resigned himself to the fact that his mother was a rotter and had put her out of his mind. But if the matter were settled in his own mind, why was he still depressed and sleepless? It was suggested to him that perhaps he had not quite resolved the conflict. Though for his mother he felt nothing but hate, its ambivalent opposite love had not been destroyed, merely repressed. This was his conflict. It was explained to him that he would

always love his mother and that he might as well make up his mind to it. Within a few days he accepted this solution and regained his poise.

Some weeks later he returned to the hospital in the same mental state as before. The cause of his trouble this time was a letter he had received from his fiancée asking him to resign and marry her in order to save her from the disgrace that was sure to follow her intimacies with another man. And actuated, no doubt, by an adolescent idea of martyrdom, based, probably, upon an unconscious desire to make a propitiation for the sins of his mother, he had determined to throw himself into the breach. He was seen for three days and every argument was brought forth to dissuade him—he remained determined. Before he left, however, he promised to give the matter careful consideration. A week later he wrote that he had met the girl, had met the man, had gone with them to the church, and had seen them quietly married. And he added, "I am sure they will be happy."

The next case to be described involved a problem rather more obscure than most of those cited.

Cadet G came to the hospital complaining that he felt weak and insecure. He was afraid of everything, afraid that something was going to happen. He could get interested in nothing but his own thoughts. He worried constantly and had even thought he was going insane. This lad was seen for an hour on each of three successive days. He was markedly introverted, self-conscious, and deplorably lacking in aggressiveness. He displayed all the earmarks of an inferiority mechanism, based, it appeared, among other things, upon a diminutive stature and small genitals. This mechanism, along with certain other contributory ones, was gone into quite carefully and explained to him. He was given Hart's *Psychology of Insanity* to read and told to return in one week. A month later he appeared and said that he was getting along finely and saw no reason why he should not continue to do so. The book, apparently, had mirrored and explained away many of his own problems. I can almost recall his words: "I think a book of that sort should be placed in the public schools, for I know that lots of people have grown up in the dark, so to speak, just as I have."

I mention this case because it is fairly typical of what happens in so many instances. The patient gets well after a few talks without the underlying mechanisms having been uncovered. True, we can label him in a general way—we know he is introverted, that he has phobias and a deep feeling of inferiority—but what more fundamental factors underlie these? Perhaps the best explanation is that the compensations he had made had grown into a top-heavy superstructure which was too much for the foundation upon which it rested, and in a moment of stress, the crash came. Reassurance, removal of the element of fear, and the shedding of light into the dark places enabled him to regain control.

Of the frankly sex problems, auto-erotism is the one that stands out above all others. Although mention of this was made in a former paper,[1] it is of sufficient importance to be brought up again, as there is perhaps no situation which is more easily or satisfactorily handled. One has but to look back over one's own life to be convinced of the incalculable and often irreparable harm that has been done by false teaching as to the alleged evil consequences of masturbation. It is at times, of course, a symptom of mental disorder; when it is not, a candid statement of the truth dispels the fear and the vicious circle is broken, and one need not be seriously concerned whether or not the habit is promptly discontinued. Perhaps in most instances it is not.

Opportunity for heterosexual relations at the Military Academy, owing to isolation, is undoubtedly less than at the civilian college. Questionnaires on sex practices have never been submitted to the cadets, so that one can only estimate from interviews with patients what the actual figures are. I had an estimate of my own on the heterosexual situation which I once had occasion to use on a patient. He was a timid, immature lad who felt that he had always been too much "tied to his mother's apron strings"—and how he wanted to be a man! When asked about sex relationships, he quite shamefacedly admitted that he was a virgin and added, "I suppose I am the only one in the whole corps." I shall never forget the expression of surprise and then of

[1] *Cadet Problems*, by H. N. Kerns, M.D. MENTAL HYGIENE, Vol. 7, pp. 688–96, October, 1923.

relief that came over his face when I estimated for him that perhaps 75 per cent of his colleagues were no more experienced than he. This high estimate has been many times questioned by officers and cadets. One hears: "But how do you know that your patients are telling you the truth?" I don't, but no one will deny that it takes a great deal more courage for a lad of nineteen or twenty to admit that he is a virgin than to say that he is not. The lower estimates are based upon group talk, and on sex matters group talk is mostly boasting.

Instruction in mental hygiene is imparted in talks by the local medical personnel, supplemented by lectures from prominent civilian psychiatrists. The chief value of such instruction lies in the fact that it acquaints the group with the mental-hygiene agencies at their disposal, and flushes out the individuals who need help with their problems. The importance of this cannot be too strongly emphasized.

A word as to the physical examination. The cadet must be physically fit to be admitted to the academy, he lives under conditions calculated to promote a high degree of physical fitness, and finally he must undergo an annual physical examination. Nevertheless, it was not presupposed, in cases such as have been described in this paper, that there were not physical factors responsible for or contributory to the problems in hand. Each patient was given a careful physical and neurological examination. When it seemed indicated, the various laboratory facilities and the X-ray were utilized as aids. It is quite possible that such procedure often helps to reassure the patient that physically at least he is sound. But when the situation is quite obviously a mental one, one wonders if often a lot of valuable time is not wasted by all this rigamarole. If one has reasonable assurance at the outset that one is dealing with an acute mental problem, why not, instead of first exhausting all the physical possibilities, begin at once with mental tools and reserve the medical investigations until such time as they may be indicated? If mental hygiene in the schools is to accomplish what is now beginning to be hoped for it, if it is to cover the entire field, then it would seem that some such plan must of necessity be adopted.

It may impress one as being a bit odd that no diagnoses

have been made in the cases described. The purpose of the paper, however, has been to call attention to the frequency with which the college man is confronted with a relatively acute emotional situation, one with which he is unable to deal intelligently, and to point out the importance of applying psychiatric principles to the solution of the problem. The first question we should ask ourselves, then, is not what is the diagnosis, but what is the situation, and what mechanisms are involved. Unquestionably, deeper mechanisms were involved in every case cited in this paper than were brought out in the discussion or in the study of the individual. The matter of first importance is to go deeply enough in the time available—and with the cadet the time element is important—to get the patient back to his classes, after which any further treatment indicated may be employed in the routine manner.

One cannot lose sight of the graver mental disorders, the neuroses and the psychoneuroses; they are of far less frequent occurrence than the behavioristic situations that have been discussed, but they constitute a more difficult problem. It seems not unlikely, however, that by broadening our facilities for handling the acute situations, the occurrence of the more serious disorders might be effectually reduced.

# MENTAL EXAMINATIONS OF COLLEGE MEN*

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PHYSICAL hygiene, including physical examinations of students, supervision of exercise, and so on, is now an established part of every well-equipped college organization. A similar place is waiting for mental hygiene, and there is every evidence that a rapid development is about to take place in this field. Among other things, it will be desirable to supplement the intelligence tests now used extensively by psychologists with systematic examinations of other and no less important phases of the mental life. This type of personality study of college students is by no means a new activity, but has been carried on in various university centers by both psychiatrists and psychologists. Most of the work, however, has been done with selected material composed of volunteers, of groups taking special psychological courses, and of those who have sought aid on account of nervous symptoms.

During the past two years, in connection with the Department of Hygiene of Harvard University, I have been doing some work that has given opportunity for personality studies of students. Many of the men were unselected, and the great majority were normal, at least to the extent that they had no scholastic difficulty and were not considered by their associates or the college authorities to be suffering from nervousness. In the case of a third of those examined, it was impossible to stretch the definitions of psychopathology sufficiently to find anything the matter with them at all. While the total number interviewed has not been large, enough has been accomplished to reach some conclusions in regard to methods and possibilities.

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The study originated in connection with an undertaking that is being sponsored by the National Research Council through one of its special committees. With the cordial approval of the faculty, the Graduate School of Business Administration, which draws its students from all parts of the country, was selected for the initial investigation. Questionnaire studies of the whole body of students assembled for the purpose formed the basis of the work, and the material thus gained is in preparation for publication.

As a supplement to the questionnaire investigation, I have spent one afternoon a week at the office of the department of hygiene for interviews with individual students. A considerable number of men reported of their own accord in response to a general invitation extended at the mass meetings; others were referred from the department of hygiene, the dean's office, and other sources. In all, 59 men were examined. One group of 20 were wholly unselected, being taken at random as they finished their physical examinations. This unselected group varied in age from nineteen to forty-eight, but most of them were in the early twenties. They were somewhat perplexed as to the purpose of the interview and at first were rather on the defensive, but, with one exception, they developed coöperation and spoke with frankness and candor about themselves. These twenty studies offered special and sometimes amusing difficulties. Some of the men were so objective in their viewpoints and unused to introspection that they floundered heavily, even when trying to coöperate.

The plan of the interviews was for the examiner to say as little as possible, and to let the subject do the talking; this method seemed more productive of the results desired than offering a large number of direct questions. An exceedingly intimate glimpse into the personality of another individual can be gained by an hour's conversation of this type, as contrasted with long acquaintanceship on ordinary terms. The method followed was to present a series of topics and induce the men to discuss them. At times it taxed the resources of the examiner to get the conversation under way. The topics were as follows:

1. Physical health.
2. Nervous symptoms.
9. Personality as a child.
4. Home life and family relationships.
5. School life.
6. College life.
7. Tastes and special interests.
8. Ambitions and aspirations.
9. Habits.
10. Characteristic mood.
11. Religious attitudes.
12. Political and social theories.
13. Miscellaneous.

A rough attempt was made to classify the men examined, on the assumption that differences in make-up are something more than individual and must fall into certain groups. Among a number of systems that were available for the purpose, Jung's classification of personality, outlined in his volume on psychological types, was adopted as most useful. Jung divides people into the two basic types of *extravert* and *introvert,* and further subdivides according to the one of several functions—thinking, feeling, intuition, and sensation —that they are accustomed to emphasize in their mental adaptations. The whole scheme is of necessity quite arbitrary and readily lends itself to argument and criticism; but leaving all technical discussion aside, it furnishes at least some simple truths that can serve in personality description and understanding.

The mental processes of those in attendance at a football game may be used as an illustration of type reaction. The spectator who watches with breathless interest every movement of the players and is quite oblivious of himself is *extraverting* in the sense in which the term is used by Jung. For the time being, all values to him are in the external world, and his mood rises or falls as his favorite team gains or loses in the contest on the field. Another spectator may view the game with a different interest. He marvels at the perfection of the group activity that has been developed by training. He notes the single-minded absorption of college and community in an event that of itself seems of little moment. He ponders on the meaning of athletic activities in general, and perhaps sees in them a modern expression of that need for struggle developed in the human organism

through long epochs of primitive living, when life itself depended upon physical prowess in the face of a hostile environment. The second man is for the time being *introverting,* and values to him are more subjective and less in what is going on in the external world. The thoughts that arise in his own mind rather than the facts of the game itself assume chief importance.

In the normal man, according to Jung, both introversion and extraversion take place freely, varying according to the situation and the needs of the moment, interest at times flowing freely to the outside world, at others reversing its direction and turning inward to the subject's own thoughts and feelings. Mental health and full personality development imply an easy shifting of interest from things without to things within and back again. In this general direction of interest, however, there is a relative difference in individuals, depending upon whether they make major use of extraversion or introversion in their relation to life; and based upon this distinction there appear two main types of human beings—the *extravert* and the *introvert.* These two groups at their extremes are easily recognizable, but increasingly difficult to distinguish as they approach each other in the intermediate grades. Both types are fundamentally normal, but it is important for the extravert that in the use of his major tendency he should not neglect to develop an appropriate amount of introversion as a balancing factor, and vice versa.

As in the basic mental processes of extraversion and introversion, so with the secondary functions of thinking, feeling, intuition, and sensation, it is desirable that while the major tendency be given full chance for development, at the same time the others be accepted and cultivated as important supplements. According to Jung, if the supplementary functions are not given recognition and opportunity, they will find expression at unconscious levels in a primitive and ineffective way, and thus hinder the construction of a well-rounded personality.

Granting that there is value in this scheme of classification, it seems only reasonable that college students should have as much knowledge concerning its application to themselves

as can be given them through applied mental hygiene. By such knowledge the danger of one-sided development may be averted; the student may be spared futile attempts to make of himself some other type than the one for which he is constituted, and it should be easier for him to find the particular vocational niche for which he is fitted. It goes without saying that in discussing such matters with the men examined, it is best to speak quite generally and avoid the use of a rigid or technical terminology.

Students who have undergone a personality study quite naturally desire that the examiner express some opinion concerning them. Any attempt to compare them with others and predict their future would be, of course, wholly undesirable from every point of view. It should be possible, however, to contribute some estimate as to whether their personality is harmonious or one-sided in its development, and to point out defects and the general lines along which they may be overcome. If general balance of mental function, method of living, and distribution of interest seem satisfactory, the examiner may so state, thereby implying that the man shows no outstanding personality maladjustment, but without in any way measuring him with his fellows for better or worse.

## Case Histories

The following six case histories have been selected to illustrate the problem of personality types among students in health and disease. The facts were obtained from the subjects themselves, without supplementary information other than their medical and scholastic rating. All of the men were students at the business school and were doing well at their work. Only one of them had any important physical complaints.

Cases I and II represent well-balanced personality types—the first an extravert and the second an introvert.

*Case I.*—R., aged twenty-four, reported of his own initiative to the psychiatrist, with the idea that he might gain some aid in vocational guidance. Physically, he was of athletic build and he gave a history of robust health. There were no nervous symptoms. As a child he was active and boisterous. He was born in Norway, and his father died when R. was twelve years of age, leaving the family in comfortable financial circumstances. The mother and son were on a good footing and had traveled extensively together. There were three younger children and the

family relationships were harmonious throughout. He was educated in private schools of his country and learned easily, but his main interests were extra-scholastic, particularly in athletics. He mixed well with his mates and was prominent in literary organizations.

He came to the United States to enter a technical school and graduated as an honor man. He took the work easily and found plenty of time for outside interests, including considerable social activity. His recreational tastes ran to outdoor sports, in which he excelled. Skiing and mountaineering of all sorts were a passion, and much of his spare time was devoted to such pursuits. In collateral reading he chose the better type of fiction and showed considerable intelligent interest in the drama, being a great admirer of his fellow countryman, Henrik Ibsen. Philosophy and psychology, *per se*, made no appeal to him, and he had small interest in the fine arts. His ambition was directed toward a position of power in the world of finance and business, and the necessary uncertainty connected with this goal was a slightly disturbing element in an otherwise wholly tranquil attitude toward life. He planned to return to his native land, where he could find opportunity for both business success and his favorite outdoor recreations.

His mood was characteristically optimistic, his temper well under control, and he was free from sensitiveness. His sex life was without abnormality. Toward things religious and spiritual he had no intense feeling, but had thought himself into a mechanistic conception of the universe, consistent with a firm conviction against immortality. He said he could more easily believe in the supremacy of the sun than of God. In contrast to this dispassionate intellectualism, it was his habit occasionally to attend the Hindu Church, ostensibly to enjoy the high cultural level which he felt was there expressed, but very likely because he found in the background of mysticism some satisfaction for his inner needs which his own system of philosophy did not furnish. Along social and political lines, his opinions were either unformed or wholly conventional. There was but little daydreaming, he was not unduly influenced by the opinions of others, and he was confident without being bigoted in regard to his own ability to think things out. He was not given to enthusiasms. In general, he considered himself—and probably correctly—as above the average of the men in his class, but he was in no way snobbish, supercilious, or intolerant.

This man was an example of the well-balanced extraverted type, probably using the thinking function predominantly in his mental adjustments, but avoiding most of the difficulties of one-sided development and showing healthy signs of a capacity for introversion and for the use of the secondary functions of feeling, intuition, and so on.

*Case II.*—H., aged twenty-four, consulted the psychiatrist of his own accord, disclaiming any special problems, but professing an interest in the general subject of personality study. He was well built and good looking, frank and engaging in manner. He described his physical health as fair, but felt that he was not inclined to take proper care of

himself in regard to exercise, rest, and diet. Except for a tendency to worry when under special stress, there were no nervous symptoms.

As a child he was quiet and serious, but looked back upon this period with pleasure and referred to his home life as "very wonderful". His father was a moderately successful New England merchant, described as of very high character. The mother had been a school teacher and tutored H. until he entered the fourth grade of public school. She was religious and studious in make-up and hoped that her son would choose the ministry for a career. An older brother, the only other child, was estranged from the parents by a marriage against their wishes.

In high school, H. had a good scholastic record, played basket ball, and was president of the student council and of the senior class. He graduated from a coeducational college, where he was prominent in fraternity life, and was on the track team and glee club. He chose his companions rather carefully from those whom he thought would be an advantage to him, and was popular with girls. In spite of his apparent success, he expressed but moderate enjoyment over this period of his life.

His special tastes and interests tended toward intellectual and cultural things. Two years' work in experimental psychology had given him much satisfaction. He had a passion for music and had studied the piano and the organ for many years. In reading he had systematically gone through the Harvard Classics and was intelligently familiar with Freud. Standard fiction, such as Dickens and Hawthorne, appealed to him, and he kept in touch with current events.

In looking to the future, his ambition was to gain a position of independence in the business world in the hope that he could then devote himself to teaching economics, feeling convinced that he "could put things across to others". He denied any characteristic mood, saying that he changed from day to day. He was inclined to seriousness, but never had significant depressions. He was not given to enthusiasms. When things went wrong or he had important problems to decide, he wished to get away by himself and think things out. He was continent sexually, and appeared to have no overt problems in that respect. In regard to his religious life, while spiritual values played an important rôle, he had grown away from the orthodox position of his parents and felt that he could not say the Episcopal creed without conflict. For his mother's sake, he had continued to live up to the forms of the church. He said, "I more and more believe that man can be guided by conscience", and gave as an example of this philosophy the fact that if he felt he had studied enough, he was satisfied, whatever the results might be as to standing in class. No formed opinions were present on social and political matters except that he had progressive views on education. He admitted an inclination to daydreaming, but the content seemed largely concerned with practical affairs and to be in touch with reality. He was self-confident, and said frankly that he felt he could compete with the ordinary man and come out ahead.

This young man illustrated the well-balanced introvert who approaches life primarily from the standpoint of subjective values, but who has a sufficiently developed use of extra-

version to keep him in easy touch with the outside world. He used as his main mental function that of thinking, but not to the exclusion of others which were appropriately secondary and compensatory.

Cases III and IV demonstrate poorly balanced personality types, an extravert and an introvert respectively.

*Case III.*—J., aged twenty-three, consulted the physician on his own initiative. He denied any special problems, but was vaguely discontented and interested in self-knowledge. He was small and spare in build, but well set up, active, and animated. In regard to his physical health, he stated that he was "fine, could not be better". As to nervousness, he was bothered by "one little thing", which was an annoying inability to urinate when in the presence of others. He added later that at times, when he thought of embarrassing things, there was a peculiar jerking of the arms. He traced this symptom back to a period some years earlier when for a time he had unpleasant compulsive thoughts of striking old people and babies when he met them on the street. At such time he would jerk his arms to throw off the idea, and this habit had spread to include other things.

As a child, he was small and delicate. He early showed mechanical tendencies and dreamed of being an inventor. The father was a successful business man in a small Connecticut town, and to J. "an enigma in many ways". At times he was genial and kind-hearted, at others scathingly sarcastic, so that his son never felt intimate or at ease with him. The mother he described as "congenial, normal, and human", and "a person with whom one could talk over anything". There were two younger sisters.

In grammar school he stood at the head of his class, but suffered much annoyance from nicknames applied to him by other boys. His high-school career was enjoyed keenly, and he referred to it as a "triumph". He was in the dramatic club, popular socially, on the editorial board of the school paper, and president of the debating society. He graduated from a large Eastern university with honors, but was not enthusiastic over college life and took no part in outside activities. He felt "fed up" on such things, and preferred reading. He did not mix extensively with others, but made a few intimate friends. His interests were in general quite diversified. He was fond of tennis, golf, and bicycling, and he read extensively, preferring material that gave practical information. He had a considerable list of books on sociology, anthropology, psychology, and government, which he planned to peruse during vacation. Books, when read, were usually abstracted for future reference. Philosophy and the fine arts made little appeal to him. Socially he had made it a point to develop systematically the acquaintance of desirable young people of both sexes.

As to ambition, there was a single-minded purpose to rise to the head of some big business. His characteristic mood was cheerful and buoyant, with rare periods of depression. His temper was under good control, but insidious in onset. He was a person of enthusiasms which he felt were usually well sustained. His sex life seemed free from overt

conflict of any sort, a period of masturbation bringing no retrospective worry. In religion, what he called "ordinary Christianity" interested him but little. He had developed a rationalistic conception of the universe which he deemed wholly sufficient, and he described a "healthy altruism" in relation to his fellow men. He stated that his philosophy was one of optimism and prosperity and confessed that it made no provision for disappointments or possible insurmountable obstacles.

In social and political matters he was conventional and accepted the *status quo* without questioning. He was not sensitive, denied day-dreaming, and seemed most content when in a state of bustling activity of mind or body. His self-estimate was that he was superior to the average. He had much confidence in his own judgment and took pride in his tendency to figure everything out on a logical basis. His weaknesses he felt were a dilatoriness in certain important matters, and a thoroughness to the point of fussiness in other less important activities.

This man could be classed as an extravert of fair balance, who used the thinking function rather extensively in his mental adaptations. He was of a somewhat hypomanic type and had a categorical mind with a tendency to classify rigidly and label all the facts of human existence. He had deliberately cultivated these qualities, but was finding increasing difficulty in stretching such rigid mental processes to include the growing complexities of his life. A certain uneasiness about the future which lurked behind his self-confidence, his inability to contemplate the possibility of obstacles to his progress, and certain vague obsessive symptoms revealed some inadequacies of personality. It was evident that he was in need of supplementing his major function of extraversion by a proper balance of introversion, and of reinforcing his thinking activities by an appropriate development of feeling and intuition, which would aid in his mental adjustments when pure thought was insufficient. Cultivation of an interest in poetry and art, a few genuine and spontaneous human relationships, or some contact direct with nature, would be of much value to him. A little real spiritual culture would also aid him in the acquirement of a well-rounded personality. As a matter of fact, he was near enough to the normal to make it probable that he would come out all right anyway in the end, but it is quite possible that a word of guidance at this period in his career might contribute considerably to that result.

*Case IV.*—K., aged twenty-two, was referred by Dr. Lee of the department of hygiene, to whom he had expressed some discontent with him-

self and his work. He was, however, getting on in his studies passably well and there had been no serious maladjustment of any sort. Physically he was tall and erect, with a rather austere and dreamy expression. He had always been in excellent health. With reference to nervous symptoms, he stated that he took quick likes and dislikes, flared up easily, and was irritable with family and friends. He was brought up in a Massachusetts city in a well-to-do family, which included two older brothers and a younger sister. As a child he fitted fairly well into the group, but as he grew older, he had continual friction with parents and brothers, which he felt was chiefly his own fault. He described his father as narrow and out of sympathy with his own beliefs. He said, "I think that life is something easy which you can breeze through. He sees it more seriously." The mother was religious, with a Puritanical viewpoint, and was troubled because K. was drifting away from such standards. Both parents considered him conceited.

In grammar school he was something of a leader and captain of several athletic teams. He stood well in his studies at high school, was on the football squad, wrote some articles for the school paper, and was a member of various committees. He mixed very little socially, and was sensitive about a facial acne which was present at the time. During his college course he obtained good marks, but took part in no athletic or extra-scholastic activities. In his third and fourth years he retired still more, spent much time in reading, and was bored with student life.

Concerning his sex habits, he was frank and quite evidently sincere. He masturbated for a period of four years and had a few heterosexual experiences later. The moral phases of the subject gave him food for thought; he appeared on the whole to have high standards, and there was no evidence of overt conflict of any sort.

His tastes were chiefly along lines of culture and the humanities. A course in ethics in college had aroused in him considerable interest. English literature and philosophy were also favorite subjects and on the latter he had read widely. In fiction he read what "people said were the best books"; Thackeray and Balzac were his favorite authors. He had tried piano lessons for a period and had also done some composing, but this activity was dropped as soon as the study became irksome. He expressed considerable enthusiasm over the drama, and had a persistent, but half-hearted desire to be an actor or a producer, although he had made no move to test himself out in amateur productions. He talked of his liking for travel and observation, and made the comment that one important advantage of commuting to college was the opportunity given to watch people in the subways. He had the greatest aversion toward any sort of work with his hands. He admitted little interest in business and had come to the school chiefly to please his father. He accepted the fact that he would have to take some business position for lack of an alternative. He felt that some variety of social work or some sort of constructive approach to the labor problem would be agreeable to him as a vocation; but he smilingly admitted that his mother contrasted these aims with his unwillingness to put himself out in the slightest degree for children or others who were invited to the house. He had thought of a political career, with the slogan "State for people vs. People for State."

He confessed to a moody make-up, with rare periods when he was gay and jovial. At home he was considered gloomy and often called a "bear". Late meals and other minor annoyances upset him tremendously. He did not think that he was morbidly sensitive.

In regard to religion he had professed an orthodox faith without special question, but for the past few years he had begun to doubt, although he felt that the whole matter meant little to him.

Along social lines he had a few definite, but unwieldy ideas. He considered that business organization had been largely overdone, and that the Eastern philosophies, with their championship of leisure and meditation, could well be used to reconstruct the viewpoints of industrial civilization. Patriotism to him was pure "bunk" and he had a friendly attitude toward internationalism.

Daydreaming of an immature nature was indulged in freely and dealt with athletic prowess and beautiful maidens. His self-estimate in many ways was high, and he was frank to admit that he had always felt rather above his associates, due, chiefly, to his superior interests and ideals along cultural, religious, and social lines. In contrast to these statements, he showed marked lack of self-confidence in other ways, and his attitude toward his own abilities was more judicial than conceited. He said, "I have always felt that I was going to amount to something some time, so need not worry." He was perfectly willing to admit that there was little in his record of accomplishment to bear out his superiority, and that he might be misinformed about himself.

This man showed an over-balanced introversion which had carried him away from effective contact with the outer world. He was rich in vague philosophies of life, but poor in genuine accomplishment of any kind. He over-estimated himself as to the worth of his ideals and capacities, but at the same time lacked the confidence to undertake practical affairs. In the real test of living, including home, social, and vocational adjustments, he was profoundly lacking. He was seclusive, detached, and irritable, and showed little initiative in working toward any concrete goal. The picture seemed one of general inadequacy, with various compensatory activities, largely futile in character. It needed but a progressive development of these traits to result in a problem of major psychiatric importance. Appropriate medical management would mean a development of extraverted activity by both reëducation and practical direction. More direct contact with his fellows and work with his hands would seem to offer two appropriate methods. The possibility of some discord in his deeper mental life, which only analysis would reveal, remained an open question.

He was seen again a year later, and appeared to be adjust-

ing better in every way. He looked forward with less reluctance to a business career and expressed some real interest in advertising. His father had given him an automobile, which resulted in an increased popularity with his classmates and girl friends. He was less critical of the general social order, and smilingly admitted that he feared he might come to accept conventional views on such matters.

Cases V and VI describe an extravert and an introvert, each suffering from a neurosis.

*Case V.*—(Fear of fainting). B., a married man of thirty-two, requested an interview with the physician on account of a claustrophobia and a fear of fainting which had been present since high-school days, and which he felt stood as a persistent obstacle to his happiness and success. The ostensible cause for his phobia was a series of fainting attacks from the ages of thirteen to eighteen, four in all, and each time resulting from the sight or narration of an injury associated with bloodshed. On one occasion he was at a formal dinner when a lady present described an automobile accident, and he dropped to the floor in a faint. The last time was when on a high-school picnic he cut his hand on a pop bottle and fainted while stopping the blood. Each time his unconsciousness was but momentary. Following the attack, he felt markedly humiliated, and came to himself "ready to fight" anybody who made any comment. His mother told him she had cut herself with a knife during pregnancy, and he wondered whether he had been "marked". His distress in relation to tales of tragedy or accident persisted, but he never fainted again.

In college classroom, the reading of *Macbeth* was most difficult for him to endure, while such accounts in history lectures as bloody footprints left by an army crossing the Alps were almost unbearable. He left college at the end of his sophomore year chiefly, as he claimed, to avoid such situations and gave up the study of law for similar reasons.

When the United States entered the war in 1917, he was eager to serve, but feared the disgrace of collapsing before his mates during some crisis. He therefore decided on the air service, feeling that he would be much alone flying through the air, and if he failed at a crisis, nobody would know it. He passed a high examination and was commissioned. For two years he served in various capacities, although he did little flying. At one time he was assigned to a hospital and his work brought him into intimate contact with the dead bodies of influenza victims. He got through without difficulty, much to his own surprise.

In civil life his first thought was to manage his social and business activities so as to avoid being in a hall without ready means of exit. This was often accomplished only at great inconvenience. In the business school it had not been easy to arrange such safeguard, and he was finding difficulty in carrying on.

Physically he was of athletic build and had always excellent health. He was an easy talker, made a good appearance, and was frank and confident in manner. Aside from his phobias, he had no nervous symptoms.

He was brought up in the South, the only child of rather prosaic and simple parents, with whom he had little in common as he grew older. His childhood was happy, and he was neither indulged nor repressed. In school and college he was a leader, excelled in athletics, and was popular socially. His tastes tended to outdoor things and to practical affairs of business and home activity, with little interest in purely intellectual pursuits.

His overt sex history had been normal and without conflict. His married life had been unusually happy and there were two healthy children. He had been uniformly successful in business, among other ventures working as a real-estate agent and automobile salesman. His ambition was to become an authority in advertising and salesmanship with a view to teaching in a technical school. He had every confidence in his ability to reach this goal, provided his phobias did not prevent.

In regard to mood, he was uniformly cheerful and optimistic, and a fiery temper had been brought well under control. In his religious life, he had retained the formal doctrine of his early years, and daily prayers were carried on. He had "a strong belief in a powerful Being, somewhere, that guides the destinies of man". Discussion of the Crucifixion was so unpleasant that he avoided church partly on that account. He seriously felt that his best chance of getting rid of his symptoms was to develop his religious life to the extent of gaining a faith that would drive out all fear. An interesting point in regard to one factor in his neurosis was that during his physical examination by the department of hygiene, some vasomotor instability was noted, and the examiner inquired if he fainted easily. This question alarmed him, and reinforced the decision already made to consult the psychiatrist.

During several interviews little was brought out in the history that had direct bearing on his neurosis. There were some instances narrated which implied a tumultuous emotional make-up. As a child he fought vigorously against medical attention. Later, when taking gas for a tooth extraction, he dreamed he was fighting the Germans and attacked the dentist. He had occasional anxiety dreams of walking on daggers. There were some episodes of cruelty to animals in childhood. There was no opportunity to see him for any detailed medical study, but the general subject of phobias and their genesis was discussed with him. The opportunity for talking over his troubles and the new viewpoints that he was enabled to bring to bear upon them seemed to do him much good.

Five months later he reported that he was having less difficulty than for many years, and was for the first time hopeful of getting rid of his symptoms entirely. When seen a year later, he was somewhat less optimistic. In spite of an excellent scholastic record and freedom from acute fears during the intervals, he felt that the old trouble was hovering in the background, and sooner or later he would be forced into positions where it would reappear.

This man, according to the Jung terminology, would be classed as a feeling extravert. Encouragement of an introverted attitude as a balancing factor in his personality, with an increased development of the thinking function, would be

a general indication in his case. A systematic personality analysis would no doubt be necessary to get at the real basis of his phobias, and he was advised to undertake such procedure should he have trouble in the future and be unable to handle the matter by himself.

*Case VI.*—(Self-consciousness and dyspepsia.) C., aged twenty-four, was seen in routine examination. He was troubled with diffidence, was over-serious-minded, and suffered from chronic dyspepsia and constipation, associated with mental depression. He appeared glad of the opportunity to talk over his difficulties. Competent studies by internists had disclosed no organic basis for the indigestion. The symptoms were so persistent, however, that his whole physical and mental life was adjusted around his gastro-intestinal function. He had made extensive experiments in diet and had developed some rather freakish habits in regard to amount and kind of food without in any way improving his condition. Physically he was tall and under-nourished, and carried himself poorly.

The family home was in a small New England town. The father was of Puritanical make-up and strict in discipline. C. felt that he was in many ways more like the father than were his brother or sisters. The mother was cheerful and easy-going, and more intimate with the children.

As a child C. was retiring and bookish. In preparatory school he found it difficult to mix socially and was painfully self-conscious, but at the same time he was something of a leader in various organized activities. He made himself unpopular with the student body by taking a leading part in the movement by a religious organization to curb the activities of some of the rougher element in the school. During his college career he was active in fraternity and dramatic affairs, but had little social life and few intimate friends. He was forced to stay out for a year on account of a breakdown, in which the mental symptoms of depression and sensitiveness shared the field with indigestion and a functional eye trouble.

His interests were wholly of a serious nature and his outlook on life strongly altruistic. Biology, mineralogy, history, and the fine arts, all had been cultivated. The collecting instinct had been actively present since early boyhood. In philosophy he had little interest, and his contact with psychology had been a casual attention to the dramatic side of psychical research. Religion of a sternly orthodox kind meant much to him, and he had ambitions for the ministry which were given up on account of self-consciousness and lack of confidence in himself, mentally and physically. Some sort of service to humanity in missionary or other fields remained a dominant motive. He said, "I always thought it did not matter much about myself if I could help others." He admitted that some desire for power and leadership might have a part in his aspirations. He turned to the business school somewhat reluctantly, with the hope of preparing himself for some useful field. He did not daydream and was not given to enthusiasms. He was sensitive and morbidly influenced by what other people thought about him. If criticized, all initiative was crushed, while if approved, he was spurred

to high endeavor. His own self-estimate appeared to be that he was quite capable in every way if he could acquire appropriate assurance and confidence.

Manifestly, this man needed some aid from the medical profession other than to be told that nothing important was the matter with him. The atonic indigestion, whatever the cause, should be influenced by general physical hygiene. A personality study should aid him greatly in self-understanding and self-control. It is quite likely that he would find some of his strivings for service and reform in social and religious fields were compensations for defects in his own make-up which were thwarting his capacities for satisfaction along more usual channels. It is certain that all ends would best be served by enabling him to set his own house in order before he undertook to mold the habitations of his neighbors.

The man was quite evidently an introvert and indication for the development of extraverted qualities was clear. He needed more friendly contacts with people and more wholesome relationships with the external world.

He was not seen from the time of the original examination until he reported two years later in response to the request of the examiner. On the whole, time had dealt kindly with him. He had done well enough with his school work and had gained a real interest in it, while physically he was much improved. His religious and social views had liberalized, and he was less concerned in reforming the world.

To offset these signs of better adjustment, a curious development in his sex life had taken place. For six months he had been masturbating, which was his first experience with the habit, and he reacted to the resulting conflict with both fear and remorse. It was fairly simple to interpret these difficulties and to give him some constructive advice. It appeared that his former ethical and religious standards had controlled his sex life, so to speak, from above; and he had avoided the necessity for meeting such problems on their own level, which was the only way to make a real adjustment. As his views liberalized and standards changed, the old checks were removed, and he found himself facing the sex impulses with adolescent rather than adult equipment, and immature behavior resulted. It seems wholly evident

that some simple mental hygiene in early college years would have done much in this case to smooth a path which was bound to be a difficult one at the best for a man of this make-up.

### Summary of Results

Conclusions reached from such examinations as have been outlined may be too impressionistic to have important statistical value, but they are presented for what they are worth as a contribution to college mental hygiene.

The group of 20 unselected men from a total class enrollment in the business school of 250 is too small for generalization, and yet in view of the fact that it sampled a body of men preparing for places of business responsibility, the results are significant. The 20 individuals divided as follows:

| | |
|---|---|
| Normal personalities..... | 13 |
| Definite neuroses..... | 2 |
| Minor personality disorders.. | 5 |

As might be expected in a business school, extraverts predominated. Of the 13 normal men, 10 were extraverts, 2 were introverts, and 1 was unclassified. Both men with neuroses were introverts. One was depressed, shy, and hypochondriacal, with marked feelings of inferiority interfering with his work and pleasure. (See Case VI.) The other was weighed down by a morbid grief over his mother's death, which had taken place two years before and which still absorbed much of his thought and interest. He also had a sense of guilt in connection with this death, which was wholly unwarranted in fact, but which had persisted in spite of all argument and persuasion. He appeared quite unable to break away from the childhood emotional bondage. Psychotherapy, in the nature of analytical reëducation, was carried on for a period of months with a resulting development of insight and moderation of symptoms. Seen a year later, this man showed satisfactory improvement in every way. His scholastic work had been of high character and he was selected by the faculty for special honor.

Of those with minor personality disorders, 3 could be called

extraverts, 1 an introvert, and 1 was unclassified. None of these were sick men, but all of them were somewhat outside the limits of wholly well-organized personalities. One had an exaggerated self-consciousness, with a strong feeling of inferiority, and had undertaken various compensatory measures in the way of public speaking and so on. A second mixed a certain pretentiousness with marked shyness, stood disappointments badly, and reacted in an exaggerated way to worries. The third was a sublime egotist. The fourth showed extreme and painful embarrassment during the interview, of a type that led the examiner to consider a possible sexual abnormality which the man feared might be revealed. The fifth had a single-minded devotion to business success to the exclusion of all other phases of life, including love and recreation, a concentration of interest so intense as to hint at pathological motivation.

Of the 39 additional men examined, 23 were from the business school and 16 from other departments of the university; 21 reported of their own volition, and 18 were referred. Nine of the number were wholly normal, 9 had minor personality defects, 18 had definite neuroses, and 3 were psychotic. Twenty of the 39 were grouped as extraverts, 9 as introverts, and 10 were unclassified. Among the 18 with neuroses, there were 8 extraverts, 4 introverts, and 6 unclassified. Only 5 of this neurotic group complained of physical symptoms.

Of all the 59 men examined, 20 admitted some overt sex problem, although many were of a minor order and by no means always associated with neurotic manifestations.

In addition to the routine mental examination, psychotherapy was undertaken intensively in 4 cases suffering from neuroses and carried out briefly in 7 others. Two men are still under treatment.

## Conclusions

The following impressions were gained from the work that has been described, though it should be noted that most of it was done with men over twenty-two years of age, and it is possible that undergraduates would be less interested and coöperative.

1. Routine mental examinations can be advantageously

applied to college students as a supplement to other medical and psychological studies. Such examinations should cover at least an hour, with extra time given to men in special need.

2. Examinations of this nature should contribute something worth while to nearly every man, and in conditions of faulty mental hygiene and the minor neuroses, there may be results of great value from both prophylactic and therapeutic standpoints.

3. The proportion of college students suffering from personality disorders and functional nervous illness is large.

4. These conditions appear to bear little relation to general physical health.

5. The majority of students are interested in self-study and self-understanding and will give kindly reception to intelligent teaching along such lines.

6. A considerable number of men, if given opportunity, will come forward voluntarily to discuss their problems.

# TYPES AND CHARACTERISTICS OF DRUG ADDICTS

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AS A PART of a general survey of the narcotic-addiction problem and to supplement some psychiatric studies previously made, the writer began several years ago an intensive personality study of addicts. Arrangements were made to examine cases in certain prisons and at a municipal hospital and cases receiving morphine at a city clinic, and to visit and examine certain addicts in good social standing in various parts of the United States.

A total of 230 cases was studied. This material, representing as it does addicts in various situations, from various walks of life, and in widely separated sections of the country, may be considered fairly representative of the addict population as a whole.

In all cases an attempt has been made to get a complete life history of the individual, including childhood, schooling, and industrial and police records. In addition, the heredity, native intelligence, emotions, make-up, temperament, and other characteristics usually studied in nervous cases were surveyed. In order to reduce the element of uncertainty to a minimum and because of the addict's reputation for untruthfulness, this information gained through personal contact with the cases was supplemented by information obtained through correspondence with persons who had knowledge of the individuals in question. In a number of cases the homes were visited—especially those of professional men who had become addicted—their surroundings were observed, members of their families were interviewed, and as far as could be done without embarrassing them or spreading information as to their condition, an attempt was made to find out how they were regarded in the communities in which they lived.

### Classification of Addicts

Based on the study of these cases, the following general classification of addicts is made:

1. People of normal nervous constitution accidentally or necessarily addicted through medication in the course of illness.

2. Care-free individuals, devoted to pleasure, seeking new excitements and sensations, and usually having some ill-defined instability of personality that often expresses itself in mild infractions of social customs.

3. Cases with definite neuroses not falling into Classes 2, 4, or 5.

4. Habitual criminals, always psychopathic.

5. Inebriates.

In addition to the definite cases of neuroses in Class 3, there were scattered throughout Classes 2, 4, and 5 cases that have asthma, mild hysterical symptoms, phobias, or other nervous manifestations in addition to their outstanding peculiarities.

In this series of 230 cases, persons who before their addiction had a normal nervous make-up constituted 14 per cent of the total number, but among the normals no unnecessary cases of addiction occurred after 1915, the year the Harrison Law went into effect. Prior to 1915, a few apparently normal persons were unnecessarily addicted, either by self-medication or through too liberal prescribing by physicians. A necessary or legitimate addict is here understood to be a person to whom an opiate has been prescribed to the point of addiction to relieve the suffering of some prolonged physical condition. Such cases should not be classed with the general run of drug addicts. Excluding them from consideration, we find that only 5 per cent of this series were normal. These are the so-called *accidental cases.*

Of the total number of cases, 86 per cent had been affected with some form of nervous instability before they became addicted, but, as already indicated, the studies show that a larger proportion of the more recent cases were abnormal.

The criminal psychopaths, comprising 13 per cent of the entire number, have been discussed in another paper.[1] Of the remainder, 13.5 per cent were classed as neurotics, 21.5 per cent as inebriates, and 38 per cent were listed in Class 2 with various forms of deviated personalities, but it will be seen later on that some of these would probably have been more correctly listed with the inebriates.

The instability of the various abnormal cases expressed itself in some form of social or psychical reaction that marked them off as different from the average stable individual. They were not necessarily invalids or vicious; some of them were useful citizens and remained so; others were so abnormal as to have been social problems before their addiction, or the use of narcotics, with its attendant social and physical difficulties, had seriously reduced their efficiency.

Frank cases of hysteria and psychasthenia were less common than cases that showed a biased personality of one kind or another. Psychopathic characters, periodic inebriates, extremely temperamental individuals, and persons who had been problem children were more common than cases with phobias, fits, or pathological fears. A common type among these cases is a psychopath who, with his special deviation of personality, is, in the language of the street, an individual who knows it all and does not care.

### Make-up

The care-free attitude evident in the lives of so many of these cases led to a study of the make-up in one series of 164 of them. Of these, 143 were classed as open, 14 as average, and 7 as shut-in. So many of them had an apparent make-up more open than that shown by the average normal individual that it was thought advisable to introduce the average class. The 14 cases classed as average in make-up were mostly open, but not unusually so, and a few of them had characteristics that, taken alone, would have justified their inclusion with the shut-in type. Most of the average and shut-in

[1] *Drug Addiction in Its Relation to Crime,* by Lawrence Kolb, M.D. Mental Hygiene, Vol. 9, pp. 74-89, January, 1925.

cases were psychoneurotics, though the inebriates and criminals accounted for a few of them and Class 2 for fewer still.

A striking characteristic of the cases in Class 2 was their open personalities. As boys, they were tomboys, and later on they enjoyed the society of women as well as that of men; they engaged in games and sports, had fights, took an interest in social activities, and in general showed traits supposed to be characteristic of real men.

The studies have shown that the various unstable individuals who are so susceptible to addiction get a sense of relief from the use of narcotics that normal people do not experience. It is easy to see why this is true in the case of psychoneurotics, who as a class are afflicted with fears, uncertainties, feelings of inferiority, and unusual inhibitions. They meet life as a rule on a lower plane than normal people and get less satisfaction out of it. The narcotic properties of morphine and heroin remove their inhibitions and fears and bring them artificially and temporarily up to the level of normal men. When under the influence of these narcotics, they have confidence in themselves and a sense of ease they normally do not feel, and a common expression of members of this group, in describing the effects of the first few doses, is: "It makes my troubles roll off my mind."

The same relief produced by narcotics in psychoneurotic persons is what causes the high degree of susceptibility to addiction in the more numerous psychopaths. This may seem paradoxical, in view of the very open make-up that most of the psychopaths showed, and it naturally raises the question: Is the make-up characteristic of them the open make-up of men who understand themselves and their surroundings and who are able to meet situations with an adequate response, or is it comparable to the compensation of little men who endeavor to lift themselves into greatness by wearing "loud" clothes or by otherwise making themselves conspicuous, when effacement would be more becoming? The latter was found to be true; the life histories of these psychopaths showed that as boys a large proportion of them had played truant from school, had been problems at home, and had had dif-

ficulties with the police, and that later on as men, before becoming addicts, many of them had been guilty of repeated drunkenness, stealing, idleness, habitual gambling, or even attempted robbery or murder.

The psychopath, the inebriate, the psychoneurotic, and the temperamental individuals who fall easy victims to narcotics have this in common: they are struggling with a sense of inadequacy, imagined or real, or with unconscious pathological strivings that narcotics temporarily remove; and the open make-up that so many of them show is not a normal expression of men at ease with the world, but a mechanism of inferiors who are striving to appear like normal men.

### The Inebriate Addict

These studies have shown that the inebriate impulse is one of the most important, if not the most important, causes of drug addiction. As here understood, the inebriate addicts are those who have a periodic impulse to take intoxicants. They are individuals who, when wedded to alcohol, go on sprees at more or less regular periods, but who in the intervals drink little or not at all. Writers on alcoholism speak of them as having a periodic impulse to drink.

That the craving or indefinite longing which these people may be supposed to have is not specific for alcohol, but may be satisfied by opium also, is shown by the histories of a number of addicts in this series.

Early in the study it was discovered that some patients had fallen victims to opium as a result of using it or having it prescribed for them in the course of treatment for sprees. The usual history was that the physician prescribed morphine during several sprees, until the patient found out about it and thereafter treated himself by the same remedy until addicted. Some of the inebriate cases did not first indulge in alcohol. Through the influence of associates, they began the use of morphine or heroin when quite young and drank only later on after they had taken a cure for the opium habit. This inebriate craving explains in a measure many of the relapses to opium. After a cure these patients sooner or later satisfy their indefinite longing with alcohol and, when inhibited by it, recklessly take morphine again, or when the

"wave" comes over them, they, without touching alcohol, go directly back to opiates and are never able to explain why they did it. It is a common thing to find patients who have changed from alcohol to opium and from opium to alcohol on several different occasions, but who never take both at the same time. It seems that in this particular class of patients, the two drugs will not mix, or that one satisfies the craving, so that there is no need for the other. However, moderate indulgers in opium may occasionally drink, but it is not unusual to find a periodic drinker who becomes addicted to opium and never drinks again until he takes a so-called cure and is able to do without the drug for a time.

We have not included in the inebriate class those individuals who, because of defective psychic organization, drank to excess continuously before they became addicted or who gave a history of being drunk merely occasionally. The criterion has been a definite history of periodic drinking with sprees. When such cases only are included, 20.5 per cent of the total number are inebriates. An additional 18.7 per cent had drunk so heavily before becoming addicted as to injure their social standing or health and many of them had been arrested for drinking. It is probable that some of these were periodic drinkers and it may be assumed that all heavy drinkers who become addicts and stop drinking should be classed with the inebriates. But it is probable that the motive behind such drinking differs radically from that which impels to periodic sprees. Some of the heavy drinkers, not periodic, in this series are listed with the criminal psychopaths in Class 4, but the majority of them constitute the more unstable and less intelligent among the addicts in Class 2. If these cases were classed with the periodic drinkers, the proportion of inebriates would be raised to 39.2 per cent of the entire number.

Class 2 is the most important numerically, but, as we have stated, many cases placed in this class would probably be more correctly classed with the inebriates. In addition to some of the drinkers placed in Class 2, there are in this class a number of addicts who became addicted when quite young and who, it seems, escaped being drunkards merely because

opium satisfied the craving that would otherwise have been appeased by alcohol. Repeated relapses of certain cases that earnestly desire cure is difficult to explain on any other basis, and the personality and make-up of a number of them are in many respects strikingly similar to the personality and make-up displayed by the periodic drinkers. But because there are so many other causes besides the intoxication impulse for the relapse of cured addicts, and a personality study cannot be definite enough to detect inebriates who are sober merely because they have never been tempted to drink, it was considered advisable to list as inebriates only those about whom there could be no doubt, in order to show definitely the minimum proportion of addicts belonging to this class. The minimum figures are large and it is felt that if each case in the series had been subjected to the same environment and the same social accidents as the definite inebriates, the proportion of the latter would be nearly doubled. This series of cases is not believed to be different, in respect to the proportion of inebriates, from that reported upon by others in recent years. Although no one, so far as we know, has attributed drug addiction to the intoxication impulse, it has been a common observation that many persons have become addicted through taking opium to relieve the symptoms of sprees.

### Identity of the Intoxication and Narcotic Impulses

Partridge,[1] in speaking of the intoxication and narcotic motives, says that the craving for alcohol is, in one of its motives, an adolescent phenomenon which is strongest during the most active decades of a man's life and is liable to sudden cessation or easy control at the appearance of senescence, while the narcotic impulse reaches its height later—in the early thirty's, when there is the first decline in the interest of life—and is essentially an instinct of old age. The love of alcohol, he says, is a love of life—a craving for a life more abundant—while the narcotic impulse is more pathological

[1] *Studies in the Psychology of Intemperance*, by G. E. Partridge. New York: Sturgis and Walton Company, 1912.

and is a longing for relief from pain, for rest, and for return to a pristine state of health.

That the basis for the so-called intoxication and narcotic impulses is the same is apparent from the cases studied, and data are now available to show that each expresses itself most intensely at the same periods of man's life. It is true that at the approach of old age, many confirmed alcoholics stop drinking, while the opium addict becomes more a slave as he advances in years. This, however, is not due to a strengthening of the original narcotic impulse, but to a physical and nervous craving or need brought on by the action of opium itself on the body tissues. The original impulse may have subsided long ago, but this new craving grows stronger and is more difficult to throw off, the longer the drug is used. Normal people, who never had an intoxication or narcotic impulse, are as much subject to it as the inebriate, and after twenty or thirty years of addiction, there must be a more or less severe period of readjustment before the body can be made to function satisfactorily without the drug.

At the time when Partridge wrote (1912), the drinkers who came to our attention were mostly young men, while the addicts were mostly old or had at least reached the age when a decline in vigor and interest in life was to be expected. Reasoning from this, it was but natural to suppose that the one group was seeking a fuller life and the other trying to escape from it, and that the different forms their indulgence took showed a basic difference in the impulse or motive that prompted them.

Through the enforcement of the Harrison Law, it has been shown that the form of addiction that might be called inebriate or vicious, like excessive indulgence in alcohol, is more common in the early decades of life, and that young addicts are a problem in all large cities. Of 7,464 cases supplied with opium at the New York Narcotic Clinic during 1919 and 1920, 66 per cent were under thirty and over 9 per cent ranged from fifteen to nineteen years of age.[1] In our series of 230 cases,

[1] *Monthly Bulletin of the Department of Health, City of New York,* Vol. 10, February, 1920. p. 45.

44.4 per cent were addicted prior to the time of the Harrison Law, and the average age at the time of addiction was 25.36 years. It is evident that the youthful class of addicts has not been created because of the Harrison Law, as some critics of it have claimed. They were with us all the time, but attracted little attention before the law brought them to light, because they were fewer in number and inconspicuous in comparison with the more troublesome alcoholics.

The following case gives an addiction history typical of many inebriates:

> When sixteen years of age, Case 9 bought heroin from a drugstore and became addicted, together with others of his gang. This was before there was any anti-narcotic law. He was cured at nineteen and then drank heavily until thirty months ago, when, at the age of twenty-nine, he became addicted again and soon was taking sixty grains of heroin and sixty grains of cocaine daily. He had been treated for the heroin habit in another city a week before coming in for treatment and came only to accompany his wife, whom he was anxious to have cured, but who refused to go to the hospital without him. She had become addicted several months before because of her own nervous instability and the convenience of her husband's heroin, which she at first took to relieve the discomfort of some minor physical condition. It is of interest to note that this man, after leaving the other hospital, took seven-eighths of an ounce of cocaine in five days. He attributed this relapse to the discovery of his wife's addiction. She accepted the explanation as adequate and confirmed the story of his addiction and drinking as he had given it.

A case of this kind is bound to take either alcohol or drugs until with declining years the intoxication impulse dies out. It is not an uncommon occurrence for patients who have been taken off opium to get drunk and visit the hospital a few days later in order to thank you for what has been done for them. Such patients come back sooner or later to be treated again for narcotic addiction.

That the inebriate type of addict may sometimes be improved socially because of his addiction, in spite of the physical harm that opium does to him, is shown by the case cited below. This case also illustrates the apparent hereditary defect of this type and the identity of the intoxication and narcotic impulses:

The father of Case 10, a noted evangelist in his day, drank so heavily from his eighteenth to twenty-sixth years that he became an outcast in the community and was referred to with contempt by his neighbors as a common, worthless drunkard. At twenty-six he suddenly reformed, began to preach, and never drank afterwards, although he lived always in fear that he would relapse and be a drunkard again. He was quick-tempered and got into several fist fights after entering the ministry, but was kindhearted and liked by all who knew him personally. He was fond of full-blooded horses and dogs and at one time owned fifteen of each of these animals. His family life was exemplary. One of his brothers drank heavily in early life.

The patient, now forty-nine years of age, was one of six children. Four of these were always normal in their social relations. One sister is an extreme psychopath; she has always been peculiar and hard to get along with. On a number of occasions, she passed worthless checks, which her mother made good to keep her out of trouble. She was examined several times by psychiatrists who pronounced her "not insane".

The patient himself received a fair education, which was improved by travel and reading. When about eighteen, he began to drink. A few years later, there would be a spree about once a month. He would drink three pints of whisky daily for three days and then call in a doctor. Through using morphine to ease himself out of sprees, he became addicted to it nineteen years ago, shortly after his father's death. After becoming addicted, he stopped drinking altogether. Ten cures at sanitariums were attempted. Five were temporarily successful. Once, about five years ago, he was off the drug for some months, but during that period had one spree. During his drinking career, he held a number of positions, but either abandoned them or was persuaded to leave them by his parents who, because of his drinking habits, felt uneasy about him when he was away from home. His father supplied him with money when he needed it, even after his marriage, and set him up in business once, but he neglected and lost it because of drink.

Since his addiction he has worked regularly when able to do so and has taken good care of his family. When young, this man had an iron constitution, he says, but he suffered from numerous diseases, including cholera, while on a trip abroad, and had pneumonia three times. He now has a heart murmur, bronchial rales, and tremors more marked on the right side, and is somewhat emaciated and in general poor health.

He has always suffered from numerous phobias. He is afraid of lightning and is uneasy when near a window in a high building; in crossing the street, he has an unusual feeling of uneasiness which impels him to jump to get to the curb, and he feels relieved when he reaches it. He is impelled to pick up every pin he sees and is uncomfortable if he does not do it. There are other phobias and some repeated nightmares which, when analyzed, are shown to be connected with certain emotional incidents in his life. Intellectually and morally, this patient is normal. For five years he has been working for a metropoli-

tan newspaper and now gets out the real-estate page of the Sunday edition in such an efficient manner that no one checks his work before it is sent to press. His chief fear is that he may be deprived of legal means of securing morphine and that without it he will be unable to work and provide for his wife and four children whom he dearly loves.

This man apparently inherited a neurotic constitution, one element of which was the intoxication impulse. When this was directed into alcoholic channels, he was a burden and a source of worry to his family. Opium, by satisfying the drink impulse with what for him was a lesser evil, made of him a respectable and useful citizen. There has been no moral deterioration whatever; in fact the drug, by enabling him to hold a position and work regularly, increased his self-respect and arrested the deterioration started by alcohol. It is possible that the original inebriate impulse has subsided in him by this time, but unfortunately the impress of nineteen years of opium on a nervous constitution like his is such that abstinence from the drug would mean increased nervousness and suffering over a period of months, and this, together with his poor physical condition, would probably result in economic, if not physical disaster.

Not every alcoholic is improved by becoming an addict. The case just cited used at the highest only twelve grains of morphine daily—just enough to stabilize him. The case previously referred to used sixty grains of heroin and cocaine daily and stopped work because of the lethargy that resulted. He was a better citizen as a drunkard.

The next case shows how a little morphine will satisfy an alcoholic and illustrates to what extremes a person with this impulse will go after having once appeased it by the soothing influence of opium:

The father of Case 11 lived to be seventy-two years old and was a periodic drinker until about fifty. A brother drank himself to death. The patient, now forty-three, had until recently been going on sprees about every two months for twenty-three years. He was instrumental in spoiling a profitable wholesale grocery business his father left to members of the family, and then went into business as a retail grocer for himself and failed because of his drinking. He is now a meat cutter when he works at all. Some property left by his father has been saved by the restraining influence of his wife. About two and a half years ago he was given morphine to relieve a spree. After this he visited the doctor regularly once or twice daily, except for several short periods, in order to receive an hypodermic injection. His wife finally interfered by threatening his physician, and the patient was persuaded to come

to the hospital for treatment. He was not addicted in the sense that withdrawal of the drug caused appreciable physical suffering. The amount taken had been too small for this and it seems that he had no knowledge of peddlers. He explained that the drug had a satisfying effect and made him agreeable, whereas whisky made him ugly. During the drug-taking period, he consumed less whisky, but still indulged occasionally because the amount of morphine used was not sufficient to satisfy completely his abnormal craving. During this period also the patient lost several positions because of his habit of wasting several hours daily in visits to the physician.

This man is physically healthy, intelligent, religious, and not without refinement. He left the hospital vowing that he would never take opium or whisky again, but it is certain that he will use one or the other until with declining years his intoxication impulse fades.

## Addiction to Drugs Other than Opium or Cocaine Always Evidence of Inebriety

Mention is made in the literature now and then of addiction to such drugs as chloral, veronal, and aspirin. Undoubtedly these drugs are sometimes taken habitually for their narcotic effect, but in my experience it has always been by a member of this inebriate group who uses them to satisfy the narcotic impulse while temporarily abstaining from alcohol or opium.

Case 12, a periodic drunkard, who nevertheless held a position of some responsibility because his employer liked him, was treated for one of his sprees at a sanitarium. On discharge he was told to take some veronal if he had difficulty in sleeping. Five days later he was brought to the hospital suffering from veronal poisoning. On recovery he was discharged, but returned in a week because of more veronal. Two months later he was brought back in a semiconscious condition from the effects of alcohol. During the interval between the last two admissions, he had used veronal occasionally.

Case 4, an intelligent and likeable veteran, drank heavily before he became addicted. He was taken off the drug several times, but relapsed, usually to alcohol first and then to opium. Finally, after a cure, it was necessary to keep him in the hospital six months for a foot condition. He asked the nurse one day for some ether to clean spots from his clothing. When her back was turned, he drank two ounces and suffered from general physical depression with cyanosis and albuminuria for two days. On recovery, he freely admitted that he would take more if he could get it.

Extreme types like those cited above will satisfy their craving by something else in the absence of alcohol or opium,

but such drugs do not cause addiction in the sense that opium does. Withdrawal symptoms are slight or absent altogether, and normal people are in no danger of becoming addicted to them. It would seem futile, therefore, to annoy the general public and the medical profession by including these drugs within the scope of narcotic restrictions, when the only effect of such restriction would be to drive the weak to other and perhaps more harmful poisons.

The pathological alcoholic or drug craving is not specific for alcohol or drugs. It is an unconscious striving or longing which is satisfied by these agents, but which in their absence might find expression in some useful or innocent form of activity. We have seen how the drunkard became an evangelist and still had surplus energy which he used in raising pure-breed horses and dogs. If circumstances had been different, he might have done these things from the beginning without passing through a period of alcoholic dissipation. Likewise, no one who has these unusual strivings or longings need resort to alcohol or drugs. The avenues of adjustment available and the accidents of environment have much to do with it.

Narcotics are used by the various abnormal types who become addicts as a method of solving their problems. The narcotizing effect of these drugs are for them a more or less satisfactory form of adjustment of which they have accidentally become aware, and the nervous pathology of these types, whether due to heredity or faulty environment or to both, is by far the most important cause of drug addiction.

## Summary

Drug addicts in the United States are recruited almost exclusively from among persons who are neurotic or who have some form of twisted personality.

Such persons are highly susceptible to addiction because narcotics supply them with a form of adjustment of their difficulties.

A very large proportion of addicts are fundamentally inebriates, and the inebriate addict is impelled to take nar-

cotics by a motive similar to that which prompts the periodic drinker to take alcohol.

The so-called intoxication and narcotic impulses are identical.

Some drunkards are improved socially by abandoning alcohol for an opiate, but the change is a mere substitution of a lesser for a greater evil.

# DISPENSARY CONTACTS WITH DELINQUENT TRENDS IN CHILDREN*

## GROUP II—TWENTY-NINE CASES OF ABNORMAL SEX TRENDS

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IN THE issue of MENTAL HYGIENE for October, 1924, the writer presented 48 cases of stealing under the heading *Dispensary Contacts with Delinquent Trends in Children.* The present paper continues this theme with the discussion of a second group of so-called delinquencies made up of 29 cases of sex misconduct. In the present paper, as in the preceding one, no attempt is made to introduce new methods of investigation or to offer ingenious theories of etiology. Emphasis is laid upon a more widespread application of the simple and common-sense methods of approach used in any other behavior problem of childhood, in contradistinction to the popular belief that delinquency deals invariably with the stigmata of vicious and degenerate trends which require some special technique of therapy known only to a few experts in the field of mental hygiene.

In a review of the above mentioned 48 cases of stealing, which were followed for an average period of two years, certain facts stood out.

First, only 13 were mentally retarded and only 2 were proven to fall into the group of psychopathic personalities.

Second, from the standpoint of etiology, in the non-defective group 9 children stole to gratify normal childish cravings for candy, toys, pencils, copy books, and the like; 6 stole to gratify bandit cravings and the spirit of adventure; in 3 stealing was initiated by a combination of bad companionship and inadequate play outlets; in another 3 it supplied pocket money for the establishment of social equality; in 5 it was an expression

* The psychiatric social work (intensive and collaborative) in these cases was done by Elizabeth Breckenridge Cross of our dispensary staff. To her also is due the credit for collecting and arranging the data presented in the accompanying charts.

of specific emotional reactions (spite, envy, discontent, and so forth); and in 7 it was an effort at emancipation developing on a basis of chronic parental indulgence and faulty habit training.

Thirdly, 29 of these non-defective and non-"psychopathic" patients were satisfactorily adjusted and have thus far remained so. Only 6 of the 29 required the rehabilitating influence of a correctional institution. The remaining 23 responded quickly to simple therapeutic measures such as changes in environment, the adoption of regular earning habits, expansion of play and other recreational outlets, and a more understanding and sympathetic attitude on the part of parents, guardians, and teachers in the handling of the situations that gave rise to the delinquency.

Fourthly, all but 7 of these delinquent children were rehabilitated by community social agencies working on suggestions made from time to time by the psychiatric dispensary. This means that our local community agencies are getting away from the current belief that delinquency and constitutional defect are synonymous, and are approaching this form of faulty behavior functioning with courage and intelligent optimism.

The fifth and perhaps most significant fact that stands out in a review of the two years' study of these 48 cases of stealing is the fatal momentum of prolonged defective habit training. In the non-psychopathic and feebleminded groups, the failures of adjustment were in every instance due to parental attitudes of chronic indulgence and fundamental insincerity expressed in continuous compromises and dodging. Plausible arguments, excuses, and tears affected the sympathies of a kind-hearted and overworked judge who either gave the child "one more chance" or committed him to a correctional institution for such a short period that the brief training received there could not possibly counteract the corroding influence of lifelong habit demoralization.

No aspect of the personality has suffered such distortion and disfigurement in the course of social progress as has the sex life. To ignore a discussion of its facts altogether, or to treat them from the standpoint of ethics only, has been and still is to a large extent the attitude of conservative society.

According to the officially accepted beliefs of previous generations, sex cravings came, like conversion, some time between puberty and twenty years of age—at least that was the period when it was decent and respectable for them to appear. To evince curiosity about such things before that period was wicked, and persistent curiosity might even indicate degeneracy.

There is a great deal of this feeling in the world even to-day. People are reluctant to see and acknowledge that the child of three or four has any sexual awakenings. They do not believe it because they do not want to believe it, or because their own memory does not verify such an assumption. The memory of early childhood days is scant; only here and there an event comes back. And if we were told that certain curiosities were wicked and that God would punish us for giving way to them, we are apt to forget them in later years. One of the earliest manifestations of the sex interest is in the form of curiosity. Investigation and discovery are psychobiological traits that make for progress and denote healthy initiative. Insatiable curiosity is a part of the child's explorative mechanisms—of how and where and why. Hide candy or Christmas toys, and he is sure to find them, even though he does not let you know it. The behavior of animal pets, the arrival of puppies and kittens and babies, are matters for perfectly natural wonder and speculation. Where do they come from? Fished out of a frog pond, brought in the doctor's bag, the child is told, and told in a tone of voice that not only carries no conviction, but casts a heavy frost upon further inquiry at any legitimate source.

Silent, but with curiosity unabated, the child listens at doors, peeps through keyholes, teases servants, and finally has dumped upon him a shower of information that confirms his suspicions that the advent of life is associated with very bad and indecent facts which parents and teachers and all other good people know, but are afraid to talk about. Many a parent or teacher has poisoned a classic of fiction or drama for a twelve-year-old child by extracting from him a promise that he would not read this book until eighteen years of age. These poor grown-ups know so little of human nature and remember so little of their own past as not to realize that the

child will go as fast as he can to devour the forbidden literature. Merely putting a ban on the mention of sex topics has never eradicated the curiosity of child or adolescent, but it has done a tremendous amount of harm by shrouding the whole subject in a cloud of distorted and unwholesome ideas. Early disillusioned as to the lessons of sexlessness so carefully instilled by father and mother, the child comes to realize that he has been deceived and deliberately fooled, with the result that the first link in that relationship of confidence between parent and child has been broken, never to be repaired.

No attempt is made in this paper to discuss the psychological aspect of early sex life, or its relation to the fundamental problems in the emotional life of childhood. Mall, Freud, Havelock Ellis, White, Krafft-Ebing, and others have contributed abundantly to the literature on this subject, concerning which every thorough student in the field of psychiatric research should have some knowledge. The busy physician, social worker, public-health official, and teacher, for whom the following cases are especially presented, find themselves concerned with certain acute problems of sex misconduct about which something has to be done right away. How serious and deep-seated are the issues? Can mental hygiene offer any practical suggestions as to satisfactory methods of handling such problems as they arise? What are common causes of sex misconduct, and what types of child personality are prone to develop these outcroppings of interests and curiosities? Healy and Thom, in their publication of case histories, have come nearer to meeting this demand for practical therapeutic advice than perhaps any other investigators; for, after all, it is not so much a discussion of sex instincts and cravings in general that is needed by perplexed parents and teachers as a discussion of what works well in managing the sex instincts and cravings that commonly occur in particular child situations.

Here it is of importance to know whether to throw the weight of emphasis on predisposing anatomical conditions, pathological endocrine functioning, ingrained tendencies of behavior, or mental imagery activated by concrete experiences of physical contact or moving pictures. As a rule, the average

parent, teacher, physician, and social case-worker is so full of his own preconceived ideas on the subject of sex misconduct in childhood that he finds it hard to approach the individual offender with an unbiased mind. Moral degeneracy, phimosis, physiological hypersexualism are common etiological prejudices that obscure the critical judgment of a surprisingly large number of people who are regarded as intelligent members of the community.

For example, the writer recalls a four-year-old girl with a six-year Binet-Simon rating who was referred in consultation by a pediatrician because all medical methods had failed to break up the habit of auto-erotism. Her hands and feet had been tied to the sides of her crib at night, but she had wriggled out of the thongs; she had been securely bandaged, but had freed herself from the bandages. At last the child was placed at night in a steel frame in which her hands and legs were so securely fastened that she could not move even to turn over in bed. Her wailings of discomfort were hard for the family to bear. A gynecologist had said that "a clitorectomy might help". A psychiatric consultation was sought to see if this persistent habit could be "incipient insanity".

When seen in the office, the child was so exquisitely dressed as to resemble a doll model in a Fifth Avenue shop window. Upon inquiring into the habit data and environmental influences in the case, it was learned that she had grown up as an only child, living in a respectable, but not exclusive apartment house. She had a nursery well stocked with toys, but was rarely allowed to play with other children for fear they would corrupt her vocabulary. Once a day she was taken for an airing in the park, where she walked up and down quietly, led by nurse or mother. This program was considered perfectly adequate to satisfy all her cravings and absorb her energy.

A significant fact in the child's history was that the only period in the past two years when she had been free from auto-erotism had occurred one summer during a three months' stay on the farm of a relative. With father and mother out of the way, this relative, a wise old lady, had put rompers on the patient and turned her loose in a sand pile with other children in the neighborhood. Yet even with this proof, the

child's father and mother would not be convinced that her distressing habit was the direct result of the way she was being brought up. Here were two parents, college graduates, who would gladly have consented to a craniotomy if it had been therapeutically advised, but who went away sorrowing when offered a simple method of procedure that seemed to them to lower all-important social and educational standards.

As already stated in the preceding paper, about 13 per cent of the children examined in the Henry Phipps Psychiatric Dispensary of the Johns Hopkins Hospital are referred for so-called incorrigibility. Under the latter term the most frequent accusation is that of stealing. Next to stealing, from the standpoint of frequency, is the accusation of sex misconduct in the form of promiscuity, perversions, persistent autoerotism, episodes of exposure, and emotional states of excitement and tension charged with sex preoccupation. The records summarized in the charts that follow this article (pages 328–39) by no means represent all the sex data accumulated on the children who constitute 50 per cent of the new admissions to our psychiatric dispensary each month. The cases cited here were chosen because the specific sex misconduct was flagrant, persistent, and antisocial. In almost every instance some community force—school, venereal clinic, child-placing organization, rescue home, or the like—had brought these situations to an issue in the face of parental and environmental neglect. This group of 29 children who are distinctly problems from the standpoint of sex adaptation presents the average background of developmental history (inferior inheritance, faulty habit training, poor hygiene, and so forth) found in the life story of all serious conduct disorders of childhood. This group also shows the average amount of mental defectiveness which in the writer's experience is a common etiological factor in all kinds of really maladjusted children, whether the difficulty expresses itself in delinquency or other trends.

Among these 29 children with sex misconduct as the dominant delinquency, we have 10 (34 per cent) with a defective constitutional equipment, and 19 (66 per cent) with a normal equipment. Each child was standardized according to the Terman revision of the Binet-Simon test. Restandardizations

were made from time to time on every child who showed any appreciable discrepancy between actual age and mental age at the time of the first examination. A thorough physical examination was made on each case by the medical or pediatrics staff, together with a blood Wassermann and any special attention to eye, ear, nose, throat, teeth, and genito-urinary condition that was indicated.

Here again, as in the previous group of delinquencies presented, these 29 children were not selected because they had been the object of intensive psychiatric social research. Only 3 cases were adjusted through such study by the children's worker on our dispensary staff. In the adjustment of the remaining 26, this worker and the examining psychiatrist acted merely in a consulting and advisory capacity, as the child came back from time to time for a review of his problems or to receive the measure of encouragement to which his improvement entitled him.

A typed report of these examinations, together with suggestions in regard to school, vocational, or recreational situations, was sent to the organization that sponsored each case. Ten (10) of these patients have been followed for two years or more, 11 for three years or more, and 8 for four years. These long periods of observation enable the reviewer to see what ordinary community agencies can accomplish with the delinquent; what are their handicaps in the way of coöperative support from court action, desultory and unorganized vocational opportunities, and overcrowded schools for the training of correctional and defective material. Such handicaps are more or less constant findings in all parts of the country. That something can be done with the delinquent in spite of them is demonstrated again in the adjustment results obtained from this second group of incorrigible children.

Fourteen (14) of the 19 sex delinquents diagnosed as having normal constitutional equipment were satisfactorily adjusted (only one of this number through the training of a correctional institution). Of the 5 unadjusted cases in this group, 4 remained directly or indirectly under the contaminating influence of the personal and environmental factors in which the sex delinquency first developed. The fifth (No. 22) has shown spurts and slumps of activity during the four years

in which we have followed him through our psychiatric social service and has baffled all efforts at rehabilitation. The boy was fourteen when first seen by us. He had a good school record up to the fifth grade, when a tubercular adenitis put him into the open-air class. From that time on he was truant and abandoned former play interests on the basis of discouragement. An assault by a Negro in a park at about that time crystallized an early auto-erotism into chronic daydreaming with feelings of inadequacy. The patient remains at work, but his industrial and social responses are uneven. He has won medals from the Public Athletic League for swimming and has competed for a scholarship in aviation, but one feels that the boy is fundamentally unadjusted in the sphere of his sex life and should be given a period of study in a psychiatric hospital.

In the group with a defective constitutional equipment only 1 (No. 27) of the 10 cases has responded at all satisfactorily to readjustment measures, for the same reasons that produced failure of adjustment in the defective group in which stealing was the dominant misdemeanor.[1] The failure of school systems to provide for these intellectually handicapped children educational opportunities that would constitute a natural bridge from school out into industry results in the demoralization of what few habit responses the defective has. During the years of time-serving to fulfill the academic requirement of the law, unhealthy interests and cravings are started and gain momentum from hours of meaningless ritual and plain boredom. Punishment meted out by the court through so-called reformatory channels may satisfy the accepted legal requirements for dealing with grave antisocial trends, but is wholly unintelligent therapy for the defective. Here again he is confronted with a program of training and standards of responsibility that he is unable to understand or to utilize. The time to protect society from the development of delinquency in the constitutional inferior is during the school period.

In reviewing the stories of misconduct revealed in the accompanying charts, one is impressed more than ever by the fact that the sex problem is too complex to justify any one

[1] MENTAL HYGIENE, Vol. 8, October, 1924. p. 931.

formula of approach, either as to etiology or adjustment. As Adolf Meyer has pointed out, sex life "is fundamentally a fusion of many components. The biologically fundamental component is the urge of reproduction; the socially fundamental ones are family formation and individual affection and the needs of social esteem. Other components are those of æsthetic enjoyment, feelings and opportunities of companionship and contact, and last, but not least, the actual organic satisfactions. It is the undue isolation of the latter and their misuse that makes it so hard to correlate and reconcile the various arousals with the rest of our human standards." In these children from five to fifteen years of age one sees sex misconduct springing from the fumblings of early childhood with its instinctive curiosity, from awareness of gender, from observation of sex activities in animals and amid crowded living quarters, from the overhearing of sex terms and crude discussion of such topics, and from accidental and frequently deliberate initiation into sex sensations. Here also is seen fumbling with the problems of adolescence and maturation. Stimulated by the conjurings of imagination and the pleasurable effects of physical contacts, the child learns to direct the trend of his energies into unhealthy channels of satisfaction as easily and naturally as he involves himself in any other process of habit formation. The entanglement is probably greater by virtue of the combination of powerful instinct and the consciousness of taboo.

The predominating type of the sex experience—promiscuity, perversion, persistent auto-erotism, and so forth—seems largely determined by the contaminating influences that were responsible for the initial practices rather than by any complexity of personal cravings on the part of the child. In all but 2 of these cases, one gets a statement of early auto-erotism upon which is grafted promiscuity, perversions, or episodes of exposure, according to the more or less specific environmental contacts. For example, the 12 cases of promiscuity arise from a definite background of open family and neighborhood immorality, with the child copying procedures that she has repeatedly witnessed. In the 9 cases of perversion there is a background of dormitory, park, and school toilet, with the deliberate passing on of this kind of

sex practice from one boy to another. In only 3 cases (Nos. 22, 23, and 26) was it possible to elicit any expression of emotional reaction to these experiences, and even here the expression was too vague to warrant formulation lest one project his own interpretation upon the child. Most of the children in this group spoke of their habits in a manner that led one to believe they were not evading issues. The older defectives had a simple and almost boastful manner of narration. Nos. 1, 2, and 6 in the promiscuous group gave aggressive denials of all accusations in the face of obvious circumstantial evidence. This attitude was the echo of parental antagonism toward and resentment of any social interference with accepted family policies. The remainder of these children spoke of their difficulties with frankness after the first contacts were made. Their emphasis in discussion was on the habit-forming side of the practices into which they had drifted because of inadequate outlet for energy and social satisfaction in the form of play and healthy amusement.

That these children were sincere in this statement of their own side of the case is proven by a study of the etiological factors revealed in the developmental data of the charts and the adjustment results obtained through social therapeutics directed toward those factors. For example, in the background of the life stories elicited from these sex delinquents, one finds the invariable occurrence of the following factors: first, family disintegration as demonstrated by desertion of one or both parents, chronic alcoholism, low moral standards, crowding and filth in living arrangements, mental defectiveness or psychotic states in one or both parents; second, a bad start in the necessary adaptations of early childhood and adolescence as demonstrated by faulty personal hygiene (with reference to food, sleep, and excretory habits), inadequate play opportunities, desultory contacts between school and home, lack of parental supervision and guidance in directing recreational interests and companionships, and inconsistencies of training in the rudiments of social habit responses.

As a result of these etiological factors, we have children, whether normal or defective, poorly equipped with stabilizing habit formations to meet temptations that have a strong appeal. They are "excitable", "stubborn", "irritable",

"self-conscious", "touchy", "restless", and often so emotionally unstable that they explode into tantrums of cursing and kicking and weeping on slight provocation. That non-defective sex delinquents who behave in this way are not all psychopathic inferiors is proven by watching the effect of changed environment and common-sense training in these cases even over a comparatively short period of time. Of the 19 cases so classified in this report, 14 responded to quite simple social procedures and have remained stable over periods of from two to four years. The writer believes that had legal action made it possible to separate Nos. 1, 2, 6, and 15 completely and permanently from parental influences, these children also would have made good adjustments.

In comparing the adjustment procedures satisfactorily employed in these cases of sex delinquency with the procedures adopted in the cases of stealing previously reported, it is interesting to note that the best results in the sex group have been obtained by abruptly cutting off the child from all contacts with the old environment. If he is given a fresh start in new associations of domestic and school relationships, combined with healthy opportunities for the absorption of his energy and interests, the unwholesome sex habits have a far better chance of disappearing. In only 4 of these 29 cases has it been possible to achieve results by treating the child in the environment where his delinquent sex trends first developed, whereas the child with stealing as the dominant delinquent trend frequently responds to modification of his environment, especially if he is under ten years of age. Change in environment is difficult to effect except by means of court action, through which the child becomes the ward of some social agency or child-placing organization. Evidence of gross neglect or physical abuse seems to be a requisite for such action, even though the judgment of common sense points to impending disaster. As in the cases of Nos. 1, 2, and 6, months and even years have been wasted in unsuccessful mediation because no legal measures could be enacted to give the struggling agencies complete control of these children.

It is not always possible, even with ideal diplomacy and social sense, to bring about such successful habilitation as was obtained in the case of Isabel S. (No. 7). The patient, a girl

of eleven with a mental age of 12, was referred to our dispensary, September 1922, for repetition of grades (she had been in the low third grade since the age of six), temper tantrums, tendency to mannerisms, and sex relations with a younger brother. The mother had died six years before, after having been abandoned by the father because of repeated unfaithfulness when the patient was four years old.

From four to six years of age the child lived with grandparents who kept a disorderly house. She slept in the bedroom with them and was familiar with their sex life. At six years she went to live with her father, a stepmother, a stepbrother of nine, and her own brother. She ran away repeatedly to the grandparents, staying all night, was truant from school, frequented vacant lots with neighborhood boys, and was considered wholly unmanageable at home and at school. The family was known to the Family Welfare Association, who had found them thoroughly uncoöperative. The parents were suspicious and rigid in their attitude, feeling that corporal punishment was the only therapy. The child admitted all the accusations mentioned above, volunteering the information as to the grandparents, together with the fact that she had been auto-erotic as far back as she could remember. Toward school and home she was sullen and on the defensive. Physically, she showed carious teeth, some undernutrition, and local evidence of sex misdemeanors.

On the plea that her physical condition needed building up, her parents were persuaded to board the child at a convalescent home for two months. They visited her several times and were impressed by her improvement. When the time came for her to leave the convalescent home, the parents were finally persuaded to place her through the Lutheran Inner Mission in a free home with the understanding that if, at the end of six months, the child and her foster parents got on well with each other, the father should allow the foster parents to have custody of her till eighteen years of age. During the interim of six months, the father visited the foster home and thoroughly convinced himself that the child was far happier and in better health than ever before in her life. His attitude of suspicion melted, and he finally gave his written consent to this permanent arrangement. The child

herself is definitely changed. She likes school and does good work, there have been no further sex accusations, and the foster parents report her docile and easily amenable to guidance. This simple outline of her rehabilitation gives no idea of the hours of struggle that were put into this case to bring about a better understanding between father and child. And even with such a struggle, it is not always possible to overcome prejudice and establish an entirely different point of view.

In closing, the writer would again call attention to the fact that the results obtained in these cases of chronic sex misconduct, like the results obtained in the delinquent group previously described, are the work of community welfare organizations which have learned certain things about mental hygiene. They have learned something about the ingredients of faulty behavior, and are not content to classify it with formal labels of feeblemindedness, insanity, delinquency, and psychopathic inferiority. In adjusting the sex misconduct, stealing, emotional outbursts, lying, and so forth, of childhood they do not turn at once to correctional institution or psychopathic ward, but study the social, temperamental, and intellectual setting in which the undesirable traits have developed. They inquire into the foci of behavior infection in the home and neighborhood, the reaction of school to child and child to school, the opportunities for play and wholesome amusement, and all the other facts that contribute to childhood adaptations. Such procedures they have learned to follow, not as the theoretical routine of good case-work, but as absolute necessities in the evolution of human material. Mind and behavior have lost their mysterious and terrifying connotations and become topics for observation and common-sense judgments.

In educating the community of Baltimore to an appreciation of its need for mental hygiene, the Phipps Psychiatric Clinic has not "put over a program", but has been content to wait for the cumulative effect of small beginnings. During the year February 1, 1914, to February 1, 1915, 680 new patients applied for and were referred for examination in our psychiatric dispensary. From February 1, 1924, to February 1, 1925, 1,130 new patients passed through the same channels. This extension of service has not been associated with any

campaign of propaganda. The community is making its own educational program. During the past year four of its large organizations have demanded monthly case conferences with the psychiatric medical and social staff for the discussion of specific case problems involving child-placing, industrial adjustments, relief measures, vocational guidance, delinquency, and so forth. These meetings afford opportunities for the informal interchange of ideas not on the above topics in general, but on concrete cases in particular. Both physician and agency have a common familiarity with local constructive material—its weaknesses and assets. By virtue of this common knowledge no time is wasted in devising plans unsuited to community conditions, economic or temperamental. The measure of achievement in this experiment of mental hygiene is not spectacular or immediately convincing to the business eye that demands quick returns for the expenditure of energy in any form. The evaluation of mental hygiene, in the future as in the past, will depend upon whether we, as its medical and social guardians, can present it as a simple public commodity.

KEY TO ABBREVIATIONS ON CHARTS

H.W.C.A.S. = Henry Watson Children's Aid Society } Baltimore Alliance Organization

Family Welfare Assoc. = Family Welfare Association } Baltimore Alliance Organization

Balto. Co. C. A. S. = Baltimore County Children's Aid Society.

Psych. Soc. Serv. = Psychiatric Social Service — Johns Hopkins Hospital.

Training School = Maryland Training School for Boys.

Other correctional institutions referred to are St. Mary's Industrial School, The Montrose School for Girls, and the House of the Good Shepherd.

"Institution for Defectives" = Rosewood, Maryland Training School for Feebleminded.

A. Early Promiscuity

NORMAL CONSTITUTIONAL

| *Patient* | *Age at first examination* | *Mental status and developmental data* | *Type of delinquency* |
|---|---|---|---|
| No. 1<br>Viola B. | 15 | Mental age 14. Discontented in school; craves excitement. Deserted by parents at 10 years. Shiftless and immoral home environment. Five different county boarding homes for economic reasons. | Accusations of recent promiscuity unsubstantiated by gynecological examination. Child gives smooth sex history—"wanted a good time". |
| No. 2<br>Ruth W. | 15 | No intellectual deficit. Craves excitement; is undisciplined; tantrums when crossed. Early deserted by mother. Father and 2 children "board". One sister "spoiled" like patient. | Referred by Rescue Home for illegitimate pregnancy. No sex history obtainable from patient; "hard luck" attitude toward episode. Baby committed to H.W.C.A.S. |
| No. 3<br>Hester R. | 15 | Normal intellectual equipment. Antagonistic toward guidance; no work habits; main satisfaction in amusement and excitement. Ward of H. W.C.A.S. for 8 years—2 orphanages, 3 boarding homes, always problem child. Father psychotic. | Referred for promiscuity. Inadequate sex history, auto-erotism denied. Dates sex interests to irregularities with farm hands at 12 years. No organized play opportunities in that environment. |
| No. 4<br>Emory McK. | 13 | Sixth grade; 2 schools; 2 episodes of truancy; no play habits. Mother a cripple. Father 60 years old — irresponsible provider. | Referred by venereal clinic for primary sore. Early auto-erotism diverted to homosexual channels by chance neighborhood contacts. First heterosexual experience with colored girl 3 months previous. |
| No. 5<br>Edna W. | 15 | Mental age 12. Docile, tractable. No particular "drives" demonstrable. Mother defective. Father alcoholic. Parents and 5 children living in 2 rooms. | Referred by Rescue Home for illegitimate pregnancy by one of her brothers (brother in penitentiary). Baby died at birth. |

(12 Cases—11 Girls, 1 Boy)

EQUIPMENT (8 CASES)

| *Time elapsed between first examination and present status* | *Court record for delinquency* | *Agency through which adjustment was attempted* | *Present status* |
|---|---|---|---|
| 3 years. | No. | Removed from school by H.W.C.A.S. and placed at housework. Satisfactory adjustment of 6 months, interrupted by appearance and antagonistic interference of mother. | Desultory working adjustment. More sex accusations; committed to correctional institution. Constant maternal overtures to immorality. |
| 2½ years. | Two offenses. | Committed to correctional institution. Paroled after 9 months to boarding home. Continued promiscuity. Married aged alcoholic. | Recommitted to correctional institution for disorderly conduct. Husband initiating habeas corpus proceedings. |
| 3½ years. | Yes. | Commitment to correctional institution by H.W.C.A.S. 2 years after first examination. | Marked improvement in habit responses in past 6 months. Good worker, energetic, dependable. |
| 3½ years. | No. | Venereal Clinic Social Service of Johns Hopkins Hospital. | No further sex accusations. Working adjustment for 2½ years; getting $18 a week; 2 promotions. Studying chemistry at night school. |
| 3 years. | No. | Rescue Home. | Since leaving the Home, girl has acted as nursemaid in a family in suburbs; dependable, conscientious; happily adjusted in this environment. |

## A. Early Promiscuity

### NORMAL CONSTITUTIONAL

| *Patient* | *Age at first examination* | *Mental status and developmental data* | *Type of delinquency* |
|---|---|---|---|
| No. 6<br>Helen C. | 11 | Normal intellectual equipment. Excitable, imaginative, self-conscious; movie fan. One of 8 children. Crowded living quarters; no parental habits of supervision. | Referred from public school with insinuations of immorality. No sex history obtained. Child denied accusations implied by her street-corner and moving-picture habits. Psychiatric examiner advised trial in supervised boarding home. |
| No. 7<br>Isabel S. | 11 | Binet-Simon 12 years. Stubborn; dull in school; progressive tantrums; always on the defensive. Some ritualistic trends. Sordid home background. | Referred for open autoerotism, running with boys in vacant lots. Sex practices with brother. From early childhood patient witnessed sex practices in home of parents and grandparents. |
| No. 8<br>Anna H. | 7 | Normal mental age. Active, inquisitive; no home training since birth. Father shiftless; alcoholic. Mother openly immoral in home until desertion of her family for another man. Children now living with aunt. | Referred from pediatrics dispensary because of evidence of sex practices. Child living in filthy surroundings with colored boys as playmates. Aunt regards child as a burden. |

### DEFECTIVE CONSTITUTIONAL

| | | | |
|---|---|---|---|
| No. 9<br>Mamie F.<br>(colored) | 16 | Binet-Simon 9. Mother promiscuous. | Referred from venereal clinic with record of lues and Neisser. Sex arousal and sex experiences as far back as patient remembers. |
| No. 10<br>Vera S. | 15 | Mental age 9 years. Father alcoholic; one brother defective. Third grade at 13; drifting labor. | Referred by state board of health for promiscuity. Auto-erotism denied; heterosexual experiences since puberty. |

(12 CASES—11 GIRLS, 1 BOY)—*Continued*

EQUIPMENT (8 CASES)—*Concluded*

| *Time elapsed between first examination and present status* | *Court record for delinquency* | *Agency through which adjustment was attempted* | *Present status* |
|---|---|---|---|
| 2¾ years. | Yes. | Juvenile-court commitment to correctional institution 6 months after first examination. | Antagonistic and unresponsive. Released after 11 months because of parents' legal pressure. Second sex offense, before juvenile court within 6 months after release. Recommitted for 1 month to correctional institution. Placed on probation. Case dismissed after 1 year of unsuccessful probation. Parents tricky and unreliable. |
| 2½ years. | No. | Psychiatric social service and Lutheran Mission placed child for 6 months in normal environment with healthy training facilities. | Two months after removal from her own home, patient ceased to be a problem child. Has been adopted by well-to-do family in suburbs. Reports indicate happiness and contentment. |
| 2½ years. | No. | F.W.A. and H.W.C.A.S. placed child in boarding home. | Third grade. No further sex accusations or other conduct disturbance. |

EQUIPMENT (4 CASES)

| | | | |
|---|---|---|---|
| 4 years. | No. | Venereal Clinic Johns Hopkins Hospital. | Treated for lues, primary and secondary, 2½ years. Lost trace of for 1½ years. |
| 4 years. | Court record with commitment to correctional institution 2 years previous to first examination. | Juvenile court and Medical Social Service of Johns Hopkins Hospital. | Married; deserted by husband 6 months later. Continued promiscuity; 2nd Neisser infection Living with parents, packing-house employment. Family impatient, unadjustable material. |

### A. Early Promiscuity

DEFECTIVE CONSTITUTIONAL

| *Patient* | *Age at first examination* | *Mental status and developmental data* | *Type of delinquency* |
|---|---|---|---|
| No. 11<br>Edna H. | 16 | Mental age 10 years. Parents died of tuberculosis. Ward of H.W.C.A.S. Fifth grade at 15; factory hand. | Referred for promiscuity. Early sex arousal with experiences during school years. Institutional care advised. |
| No. 12<br>Maud C.<br>(colored) | 14 | Mental age 8 years. Orphaned at 6; desultory living arrangements; school to third grade. | Referred for promiscuity with resulting pregnancy; no previous sex history obtained. Sisters promiscuous also. |

### B. Sex Perversions

NORMAL CONSTITUTIONAL

| | | | |
|---|---|---|---|
| No. 13<br>Le Roy F. | 8 | Second-grade work. Quick-tempered, obstinate, restless during past 2 years; fond of play. Home broken up 6 years ago; child boarded with a colored woman; recent ward of H.W.C.A.S. | Referred for sex perversions—"No little child in his neighborhood is safe." Denies auto-erotism, but wakeful at night with erotic preoccupations. Says he was taught these practices at 6 years by older boys. |
| No. 14<br>Leslie L. | 14 | Mental age of 14—. Affectionate make-up, suggestible, no special initiative. Deserted by parents. Ward of H.W.C.A.S. for 10 years. Three county boarding homes. | Long indefinite history of unnatural sex practices with animals. Denies accusations, but admits auto-erotism for past 3 years. |
| No. 15<br>Violet C. (sister of Allyn C., listed under defectives.) | 4 | Binet-Simon 3+. Illegitimate; mother defective; recent step-father. Environment of filth and immorality. | Referred for sex practices with small children; open auto-erotism. |
| No. 16<br>Edgar C. (brother of Violet C. and Allyn C.) | 11 | Binet-Simon 10+. Restless; temper outbursts. | Referred for sex practices with small children; open auto-erotism. |

(12 CASES—11 GIRLS, 1 BOY)—*Concluded*

EQUIPMENT (4 CASES)—*Concluded*

| *Time elapsed between first examination and present status* | *Court record for delinquency* | *Agency through which adjustment was attempted* | *Present status* |
|---|---|---|---|
| 3 years. | No. | Married to escape H.W.C. A.S. supervision. | Left husband; venereal treatment; pregnant. |
| 3½ years. | No. | H.W.C.A.S. and a Washington organization. | No further pregnancies. Working, but a trouble-maker and tale-carrier. |

(9 CASES—8 BOYS, 1 GIRL)

EQUIPMENT (6 CASES)

| | | | |
|---|---|---|---|
| 4 years. | No. | Placed by H.W.C.A.S. in boarding home without other children. Special attention to outlets for child's energy. | No sex accusations from home, neighborhood, or school; 6th grade. Mischievous, affable; ready for vocational guidance. |
| 3½ years. | No. | Placed by H.W.C.A.S. in city boarding home. Two equally indefinite homosexual accusations. | Working in store ($9.00). More general social contacts, with first evidence of interest in opposite sex. |
| 4 years. | No. | H.W.C.A.S. in advisory capacity attempted to adjust in boarding home with no other children. | Family regain possession of child, who now steals and is "neighborhood pest". Sex practices continue. |
| 4 years. | No. | H.W.C.A.S. placed child in boarding home with good environment and habit training. | No further sex difficulties. Excellent school record. Child considered "honest and well behaved". |

B. Sex Perversions

NORMAL CONSTITUTIONAL

| *Patient* | *Age at first examination* | *Mental status and developmental data* | *Type of delinquency* |
|---|---|---|---|
| No. 17<br>Joseph D. | 6 | Binet-Simon 6 years. Energetic child whose play interests and curiosities have been sidetracked from normal expression by infantile-paralysis residuals requiring braces. Illegitimate, with 4 years start in orphanage, hospitals, and boarding homes. Now living with mother. | Referred for auto-erotism and fellatio; talks of sex interests learned from other boys in neighborhood. Child does not know how to play. |
| No. 18<br>Chas. N. | 10 | Binet-Simon 9 +; fourth grade. Living at orphanage. | Referred for auto-erotism in school and fellatio in dormitory. Child admits practices. |

DEFECTIVE CONSTITUTIONAL

| | | | |
|---|---|---|---|
| No. 19<br>Alfred H. | 15 | Mental age 10. Orphaned at 8 years. Ward of H. W.C.A.S. Removed from 4 unsuitable boarding homes. School to fifth grade. | Arrested for open sex perversions in vacant lot. Auto-erotism till 12 years. Diverted to perversions by older boys. |
| No. 20<br>Allyn C. (brother of Violet C. and Edgar C.) | 8 | Mental age 6 years. Retarded development. Enuresis. Father dead. Mother promiscuous, defective. | Referred for sex perversions with small children; open auto-erotism. No earlier sex history obtained. |
| No. 21<br>Richard A. | 8 | Mental age 7 years. Constitutional traits of general instability (pseudo-convulsive seizures). Episodes of auto-erotism and running away, tantrums, enuresis, sleep-walking. Father psychotic —state hospital. | Periodic outbursts of constitutional trends associated with sex perverversions practiced with the father prior to father's state-hospital commitment and subsequent parole. |

(9 CASES—8 BOYS, 1 GIRL)—*Concluded*

EQUIPMENT (6 CASES)—*Concluded*

| *Time elapsed between first examination and present status* | *Court record for delinquency* | *Agency through which adjustment was attempted* | *Present status* |
|---|---|---|---|
| 2 years. | No. | F.W.A. Mother urged to abandon punishment and take active interest in supervising child's play. | Family living in better neighborhood. Child in second grade. Mother reports no further sex difficulties. |
| 2 years. | No. | Baltimore orphanage placed child in a good private home. | Removed from boarding home by father who remarried. Satisfactory fifth-grade work. No sex accusations since removal from institutional environment 18 months ago. |

EQUIPMENT (3 CASES)

| | | | |
|---|---|---|---|
| 4 years. | Yes. | Committed to correctional institution 6 months after first examination. | Poor scholastic and disciplinary progress. Taken from fourth grade 8 months ago and put on full-time work program. No sex accusations. Surreptitious smoker; rule breaker. Requires constant supervision. |
| 3¾ years. | No. | H.W.C.A.S. | Placed in training school for defectives. |
| 4 years. | Yes. | Juvenile court. Two separate commitments to Parental School, Maryland Training School for Boys, Maryland Training School for Feebleminded. | Child 12 years old, mental age 11—. Proved thoroughly unadjustable in correctional institutions. Some improvement since transfer to Training School for Feebleminded. |

C. Pronounced Auto-Erotism

NORMAL CONSTITUTIONAL

| *Patient* | *Age at first examination* | *Mental status and developmental data* | *Type of delinquency* |
|---|---|---|---|
| No. 22<br>Le Roy D. | 14 | Normal mentality. Very suggestible; hypersexual trends since 11 years. Poor mixer. | Excessive auto-erotism with worry, daydreaming, restlessness, irritability. Deliberate stimulation from love scenes in movies. |
| No. 23<br>Melvina C. | 6 | Binet-Simon 6 years. Restless, aggressive. One of 4 illegitimate and problem children (Woodrow C., Wm. C., Harvey C.). Recent ward of H.W.C. A.S. | Referred for excessive auto-erotism. Practice occurred in waves of several days' duration and then subsided for equal periods. During periods of excitement, child was solitary, restless, irritable. |
| No. 24<br>Woodrow C.<br>(brother of Melvina C.) | 5 | Binet-Simon 4 years. Infantile reactions; does not dress self; comes downstairs one foot at a time; baby talk; untidy until 3 years. | Referred for auto-erotism taught by sister. |

DEFECTIVE CONSTITUTIONAL

| | | | |
|---|---|---|---|
| No. 25<br>Le Roy F. | 10 | Binet-Simon 8+. Parents defective, irritable, suspicious, slovenly. | Referred by school nurse for open and constant auto-erotism. Thumb-sucking, cruelty to animals and to little children. |

(4 Cases—3 Boys, 1 Girl)

EQUIPMENT (3 CASES)

| *Time elapsed between first examination and present status* | *Court record for delinquency* | *Agency through which adjustment was attempted* | *Present status* |
|---|---|---|---|
| 4 years | No. | Social Service Phipps Psychiatric Clinic. | Working, but with obvious sex conflicts. No social contacts. Admitted to house service of Phipps Clinic for observation and study after 4 years' attempted adjustment through work, athletics, etc. Recent heterosexual experiences followed by depressive reaction. |
| 2 years. | No. | H.W.C.A.S., who were urged to abandon corrective measures and provide more outlets for child's abundant energy. | High second grade. Vigorous play. Complete disappearance of auto-erotic trends 4 months after beginning new program. |
| 2 years. | No. | H.W.C.A.S. placed child in boarding home separated from sister. | Under simple habit régime. quickly attained normal adjustment. Binet-Simon 7 years. |

EQUIPMENT (1 CASE)

| | | | |
|---|---|---|---|
| 2½ years. | No. | School nurse and Psychiatric Social Service. | Continues lodged in second grade. Thumb-sucking and other infantile reactions *in statu quo*. Parents still uncoöperative toward institutional training. |

D. Sex Preoccupation with Restlessness, Fear, Marked

| *Patient* | *Age at first examination* | *Mental status and developmental data* | *Type of delinquency* |
|---|---|---|---|
| **NORMAL CONSTITUTIONAL** | | | |
| No. 26<br>LeRoy B. (brother of Virginia B., defective). | 12 | Binet-Simon 12+. Irritable; nocturnal fears and daydreaming associated with sex practices witnessed in home. (Following death of parents, patient and sister made home with uncle, who conducted homosexual orgies.) | Referred by H.W.C.A.S., who rescued children from this environment. Child's attitude was conflict between natural curiosity and fear of police raids and neighborhood ostracism if the uncle's behavior became known. |
| **DEFECTIVE CONSTITUTIONAL** | | | |
| No. 27<br>Virginia B. (sister of Le Roy B.) | 14 | Binet-Simon 10 years. Hypersexual drives; flirtatious; craving excitement of melodramatic movies. | No sex accusations, but marked overtures towards men (calling after them on street, waving to them from windows, etc.). Conversation charged with sex topics. |

E. Auto-Erotism with Episodes of

| | | | |
|---|---|---|---|
| **NORMAL CONSTITUTIONAL** | | | |
| No. 28<br>Harry K. | 13 | Binet-Simon 12 years. Indifferent to school; irritated by country-home restrictions. Orphaned at 7 years. Two boarding homes and 3 changes of school since ward of H.W.C.A.S. | Expelled from school for exposing self and little boys to girls at recess. Forty-seven children under one teacher; no games allowed on school grounds; 5-hour session, one recess. Child did 4 hours' farm work before school and 3 after school; no play opportunities. |
| **DEFECTIVE CONSTITUTIONAL** | | | |
| No. 29<br>Margaret S. | 7 | Mental age 4. Blind (ophthalmia neonatorum). Retarded early development. Mother defective, promiscuous. Brother defective. | Referred by Training School for Blind because of constant and open auto-erotism and exposing self in kindergarten. Enuresis. |

CURIOSITY (2 CASES—BROTHER AND SISTER OF SAME HOUSEHOLD)

EQUIPMENT (1 CASE)

| *Time elapsed between first examination and present status* | *Court record for delinquency* | *Agency through which adjustment was attempted* | *Present status* |
|---|---|---|---|
| 3 years. | No. | H.W.C.A.S. placed child with an aunt outside of the city. | Apparently excellent adjustment; active play interest; good high-school record. |

EQUIPMENT (1 CASE)

| | | | |
|---|---|---|---|
| 3 years. | No. | H.W.C.A.S. | Finally adjusted in boarding home where first placed by H.W.C.A.S. Recreational outlets through Camp-fire Girls. Factory work ($10 a week). No behavior problem for 2 years. |

EXPOSURE (2 CASES—1 BOY, 1 GIRL)

EQUIPMENT (1 CASE)

| | | | |
|---|---|---|---|
| 3½ years. | No. | H.W.C.A.S. attempts adjustment in changing environment. (Financial handicap limits free homes to country for children over 13.) | No further sex accusations. School to seventh grade. Boarding with brother; working ($8 a week). Unsatisfactory recreational outlets. |

EQUIPMENT (1 CASE)

| | | | |
|---|---|---|---|
| 3½ years. | No. | Training School for Blind. | Placed in school for defectives. |

# THE DIAGNOSTIC SIGNIFICANCE OF CHILDREN'S WISHES

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"SUPPOSE that a fairy were to grant you three wishes. What would your wishes be?"

The writer is indebted to Mr. E. K. Wickman, psychologist of Demonstration Clinic No. 2 of The National Committee for Mental Hygiene, for suggesting that the above question might prove to be a useful addition to a questionnaire on interests designed for use with children who show behavior difficulties. The questionnaire is modeled in part after one that was used in the Stanford Gifted Children Survey,[1] though a number of changes have been made with a view to adapting it to children of the type likely to be brought to a behavior clinic. It includes ratings on the degrees of interest felt in such activities as reading, hiking in the country, taking walks about town, caring for pets, going to the movies, and so forth, and similar ratings for the various school subjects, reading interests, and the like. The question herein to be discussed was placed last on the list.

Considerable misgiving was felt at first as to the probable attitude of the children toward such a question. It was anticipated that many of them would fail to take it seriously enough to make the results of any value, or that the older children, at least, would be unwilling to reply to it. Both apprehensions have proved to be virtually unfounded. Thus far only two children have objected to answering the question, both of them on the ground that they "could not think of anything to wish for". Both were suffering from serious emotional disturbances and appeared to have great difficulty in coming to a decision on any subject. Taken as a group, the children have shown marked interest in the question and have seemed to enjoy answering it. While there is, of course,

[1] *Genetic Studies of Genius*, by Lewis M. Terman *et al.* Stanford: Stanford University Press, 1925.

no way of evaluating the seriousness of the answers given, yet many of them appear to be the result of rather careful consideration, and in no instance is there any surface indication of undue flippancy. It should be noted in this connection that the questionnaire has been filled out at a time well on toward the end of a series of individual tests, which require, as a rule, from three to six hours' time and frequently involve several visits to the clinic. Opportunity has thus been given for the establishment of a confidential relationship between child and examiner which, it can hardly be doubted, has been an important factor in insuring frank responses.

No attempt at statistical evaluation of the responses has thus far been made, but the results obtained appear to indicate that the question is often very useful in the analysis of the causative factors of behavior in individual cases. Anxieties, phobias, feelings of inferiority, attitudes toward reality and the social activities, all show themselves in the nature of these childish wishes. Contrast, for example, the responses of two nine-year-old boys, both of approximately average intelligence:

| A | B |
|---|---|
| 1. For a bicycle. | 1. To live in a place with the king. |
| 2. For a coaster wagon. | 2. To have jewels. |
| 3. For an electric train. | 3. To have gold. |

A was referred to the clinic by his parents because of wilfulness and disobedience. He is on the whole fairly popular with his playmates, though a little inclined to be domineering. He is not a school problem. He is active and energetic and very fond of outdoor play.

B is an only child. He was referred to the clinic because of an outburst of temper in the schoolroom, during which he had kicked his teacher and sworn at her. This behavior was occasioned by the teacher's having kept him in during the recess period to complete an unfinished lesson. Investigation of the case by the social worker brought out the fact that the child was habitually slow in completing his assignments, not, it would appear, through lack of ability, but because of his wandering attention and apparent tendency to daydream. It was necessary for the teacher to "keep after him continually", as she expressed it, in order to get him to accom-

plish his work. He is not popular with the other children and does not join in their play. When at home, he spends most of his time playing by himself in the attic, reading fairy tales and building block houses. His wishes are obviously simple phantasies carried over from his reading, but they furnish additional evidence of the extent to which the child is withdrawing from the concrete affairs of life into a world of dreams.

It is quite in accordance with expectation that the wishes of the older children should frequently have reference to their vocational ambitions. In many instances these wishes are expressed in their simplest form—"to be a lawyer", "that I could get to be a doctor", and so forth, but interesting elaborations also appear, as in the following from a high-school senior with an I.Q. of 89 who has completed his high-school course with marked difficulty and after several failures: "To be a successful man in business, commonly known as the 'Big Boss'—one who sits behind and pulls the strings." It seems probable that over-compensation for a real feeling of inferiority is at work in this case. An interesting contrast is furnished by the following, from a ninth-grade boy whose I.Q. is 124:

1. To be a successful writer.
2. To own a newspaper.
3. To secure an education in the best postgraduate school in the country.

Unhappy home conditions are sometimes hinted at in these wishes. A nine-year-old boy was taken to the juvenile court by his mother on a charge of incorrigibility. The court referred the case to the clinic for investigation. The mother was found to be a very highstrung, nervous woman, twice married and twice divorced, and contemplating marriage for the third time. The boy's offenses proved to be of a very minor nature, brought on for the most part by continual nagging and unreasonable demands on the part of the mother. In her interview with the social worker, the mother seemed to magnify the boy's faults as much as possible, bringing up all sorts of trivial instances from his early childhood to substantiate her statements. She seemed to be most anxious to be rid of the child, possibly because she felt him to be a hindrance to her matrimonial plans, though this could not be

verified. The child is very popular in school, both with his playmates and with the teachers. The school authorities were quite amazed at the idea that he should be considered a behavior problem. His first wish is significant. It reads: "For a nice home and mother."

Somewhat similar is the case of a child whose mother is admittedly rather partial to a younger brother. He offers this wish in pathetic misspelling: "That I wood be lovved by my fokes."

A number of the older children wish for better clothes. In practically every instance the financial condition of these children has been definitely below the average of the social group in which they are placed. "A suit with long pants" is specified by one out-at-elbows fifteen-year-old. The undernourished and overworked son of an apartment-house janitor expresses his own attitude toward the work he so dislikes in the indirect wish "that my father didn't have to do janitor work".

Marriage has been referred to in two cases, both high-school boys. One of these was referred to the clinic by the school authorities for daydreaming and masturbation. His wish "to never get married" is to be taken as an indication of his trend of thought, rather than as a literal indication of his attitude. The second boy was referred because of loss of interest in school and the fact that he had recently run away from home, remaining away for a period of about a week. The loss of interest in school is probably accounted for by the fact that his ability (I.Q. 97, coupled with a marked deficiency on silent-reading tests) was hardly equal to the demands placed upon it by a strictly classical course in a high school of high standards. The psychiatric examination, however, brought out the fact that the boy had formed the habit of masturbation at the age of twelve, but had discontinued the practice because he had been told that it would result in "rupture" and "inability to have children later on". It is impossible to say whether this impression was influential in determining the three wishes that follow:

1. To make a good business and fairly good living.
2. To get married and have three children, two girls and a boy or the other way around.
3. To get them well started in life.

Two other cases may be described. The first is that of a Jewish boy, aged eleven years, eleven months, Stanford-Binet I.Q. 94, the only child of very ambitious parents. Success in his school work has from the beginning been held before him as a supreme goal toward which all his efforts should be directed. He has attended summer school for several sessions, and this, together with his extraordinary effort and application to his lessons, has made it possible for him to earn three extra promotions, so that he is now in the 8B grade. In addition to attending the public school from 8:45 to 3:30, he attends Hebrew school from 4:00 to 6:00 daily, and takes a music lesson once a week. He spends from two to three hours every evening in preparing his lessons for the next day. He has, of course, no time for recreation and indeed has never learned to play. He is teased by the other boys, and is thrown into a state of almost hysterical fear by the most obviously absurd tricks, as when another boy points a pencil at him, telling him it is a dagger and that he will stab him. He was referred to the clinic by the school because of his extreme timidity and lack of social adaptation. The profound anxiety from which the child is suffering is clearly indicated in his first two wishes:

1. That I would have enough sense to think, so that I would never stumble, but answer all questions correctly.
2. That no one would do me harm.
3. That I would be rich when I am a man, so that I could make a living.

The second case is that of a sixteen-year-old boy who has been an extreme disciplinary problem throughout the three years since he entered high school. His elementary-school record could not be obtained. He was referred to the clinic on the occasion of his expulsion from high school because of gross insubordination. All factors considered, his appears to be one of the most pronounced cases of rebellion against authority which the clinic has yet handled. His intensely egocentric and rebellious attitude is indicated in a rather striking fashion in his three wishes:

1. To have a million dollars.
2. To live forever.
3. To sock my advisor *once.*

It need hardly be said that to accept material such as this at its literal value without further investigation or interpretation in the light of known facts would frequently lead to serious error. Data of this kind are valuable for two purposes: they may throw additional light upon factors already known, but imperfectly understood, or they may suggest further methods of approach to a study of the child's emotional attitudes and the causes that have operated to produce these attitudes. From the cases thus far studied, it would appear that the question is likely to have little value with children whose mental ages are below nine years. The responses of such children are likely to be very trivial and circumstantial; they wish chiefly for toys, candy, and the like. The most significant responses are likely to come from children in the early adolescent or pre-adolescent period.

# SOCIAL CASE-WORK IN RELATION TO THE MENTAL HEALTH OF IMMIGRANTS

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SOCIAL agencies have the opportunity of making an important contribution to the understanding of those social factors that enter into the development of mental diseases among foreign-born persons living in the United States. In the past, social agencies generally have failed to seek the underlying causes for the immigrant's difficulties in an American environment or to understand the factors that lead to faulty mental adjustment among migrants. Mental diseases are more frequent among the foreign born and their children than among the native born.[1] It is a startling fact that twice as many persons among the foreign born as among the native born become patients in mental hospitals, and that a larger proportion of the children of the foreign than of the native born are admitted to hospitals for the insane. National welfare and the health of immigrants depend not only upon the exclusion of "undesirable aliens", but also upon the preservation of the health of the foreign born and their children, who, according to the United States Census of 1920, constituted a third—33.7 per cent—of the population.

Social agencies dealing with individuals who are unable to get on successfully in society find that a large proportion of their cases come from immigrant families. Mental disease is often found among the causes that bring these cases to the agency. Of more importance, however, are the mental conflicts and attitudes that underlie the problems of unemployment, slackness, laziness, discord, and delinquency. In order to deal adequately with the foreign born, the social case-worker must seek to understand the fundamental reasons for

[1] *Mental Hygiene with Special Reference to the Migration of Peoples*, by Walter L. Treadway, M.D. (United States Public Health Bulletin No. 148.) Washington: Government Printing Office, 1925.

such maladjustments. One social worker recently urged recognition of "the psychological results of the immigrant's maladjustments" and the far-reaching effects of the strain of adjustment "upon health and emotional life and social attitudes".[1] Another social worker states her belief that "the most important progress that can be looked for in the case-work field in the immediate future is a more discriminating understanding of the immigrant".[2]

One avenue of approach toward an understanding of the mental adjustments of immigrants was made through a study of the social case records of a child-welfare agency.[3] These records, although regarded as fairly typical, contained little information upon this subject. In order to discover whether there might be information and points of view concerning the foreign features of these cases that were not recorded, interviews were held with three of the social workers.

Twenty of the boy cases that they knew best were selected at random. In ten of these twenty, there was nothing to distinguish the case from that of a native American child. In the ten remaining cases the social worker was of the opinion that foreign customs complicated the problem. In two the father expected unquestioning obedience from his boys and tried to control them entirely by means of severe beatings. The boys, who were well-behaved and thoroughly American in their ideas and tastes, rebelled at this attitude. In another case a brother-in-law exercised too close supervision of a boy, who resented it, but nevertheless chose to remain in this home where the atmosphere was entirely foreign. Two boys were ashamed of their race and tried to conceal it while living in American foster homes. In one case the parents were afraid the boy might be weaned away from

[1] "The Twofold Problem of Immigration", by Ethel Bird. *Proceedings of the National Conference of Social Work at the Fiftieth Annual Session.* Cincinnati: The National Conference of Social Work, 1923. pp. 303–09.

[2] "The Invisible Environment of the Immigrant", by Mary E. Hurlbutt. *Proceedings of the National Conference of Social Work at the Fiftieth Annual Session.* Cincinnati: The National Conference of Social Work, 1923. pp. 309–13.

[3] See "Factors in the Mental Health of Girls of Foreign Parentage" and "Factors in the Mental Health of Boys of Foreign Parentage", by Mary C. Jarrett. *Public Health Reports,* Vol. 39, pp. 447–72 and 862–83, March 7 and April 25, 1924.

his own people if he remained too long in an American family, so they took him home before he had become stable enough to return to his former environment. In one case there was difficulty in convincing the father that the school law must be obeyed. In another case, the social worker used more time and patience than is usually required in talking with the boy's mother, because of the language difficulty. She also had to take into account the native standards of this family and to make allowance for their excitable and impulsive temperaments. In two cases the fathers sold liquor illegally and were indifferent to the law. This was in direct conflict with the training and education which the boys had received outside their homes. An understanding of the foreigner's point of view was necessary in order to reconcile the boys with their parents.

In order to determine whether the records studied were similar to other social records in their lack of information concerning the foreign features of immigrant cases, a study was made of twenty-five records of a family-welfare society. These were selected at random as full intensive records. They were reviewed and all references to the foreign origin or customs of the family were noted. In the twenty-five records only forty-six references of this kind were found, an average of less than two in each record. Many of this series were records of Italian families and were written by two social workers, one an Italian herself and the other a student of the Italian people.

The lack of information relating to the foreign features of a case does not indicate lack of compehension of these factors. There are a number of reasons that may explain this lack of material in social records. The most conspicuous, although probably not the most fundamental, is the pressure of daily work in a field where the personnel is not yet proportioned to the work. Then, too, the time of social workers is often occupied in meeting emergencies involving human suffering that require immediate attention. It must also be appreciated that differences in policy may account for the variety and amount of information included in social records.

The records of boys previously referred to[1] varied from brief entries of the immediate situation and advice given, the so-called "slight service" cases, to full and complete histories obtained from many sources, with observations over a period of years, the so-called "intensive" cases. In between these two types of record there are other records that may be incomplete because the application was withdrawn, the case was transferred to another agency before the social examination was completed, or only one situation in the case was considered and a general social examination was not made. Irrespective of the deficiencies of a particular record, there are these intrinsic differences in the type of record to be considered in selecting a series for study.

When a record of an immigrant family lacks any information or references that would differentiate it from the record of a native family, it may not always be inferred that the social worker was not familiar with the foreign elements in the case. This is indicated by the Italian cases cited above, where the social worker's familiarity with the Italian people was not reflected in the records. On the other hand, the twenty records that were discussed with the social workers reveal a lack of understanding of the national character and social heritage of the families concerned.

However, even when this knowledge exists in the social worker's mind, the record, as a rule, will not show it, for the tradition of social records is that they shall deal with situations and not with the mental processes that cause the situations. The aim in the past has been to make records objective, to set down what happened, to give the external facts that affected the family or patient, and to avoid recording the social worker's opinions and designs. This aim should be upheld so long as the subjective facts that lie back of the situation observed are only vaguely understood, and so long as the social worker's subjective processes are confused and undefined. But the time has come for a new type of social record which shall contain a description of tangible or objective facts and also an impersonal statement of subjective

[1] See note 3, page 347.

processes. Such a record will state what is in the mind of the patient or client as shown in his speech, behavior, or appearance, not what the social worker believes he should think or feel or what she herself would feel under the same conditions. This type of record would also contain a definite statement of the aims of the social worker in social treatment and of the effect of her methods upon the mental attitudes of the patient or client. The objective method in record keeping should be further developed and more generally used, so that subjective material may be impersonally recorded.

Such records of immigrant families cannot be kept satisfactorily without some knowledge of the emotional characteristics and traditions of different nationalities or racial groups. The following description of an immigrant home shows a common lack of comprehension of values. "The rooms are very large and clean, but filled with a good deal of gaudy rubbish such as Lithuanians favor." This is an instance in which objective facts were subjectively recorded. By classifying the adornments of this home according to her own taste, the social worker failed to grasp their significance to the family. It is unusual to find a social case-worker thoroughly familiar with the general principles of immigrant adaptation and the main characteristics and customs of most of our chief foreign groups. In this connection we cannot do better than to quote from an address of Miss Mary E. Hurlbutt[1]:

"Many case-workers feel that in practice with immigrant families their most careful plans seem to break against a wall of ignorance, or under the weight of passive resistance; they feel themselves facing an impenetrable jungle of strange attitudes and habits as a result of which their client's behavior is incalculable. . . . Until the case-worker penetrates behind these surface manifestations of age-old habits and attitudes, her understanding remains trivial, she is sure to blunder and wound the most cherished susceptibilities. She will fail to utilize the cultural resources her clients are predisposed to respond to; her suggestions will seem artificial

[1] See note 2, page 347.

or even repulsive, and her clients' behavior will remain baffling and unpredictable."

The paucity of knowledge prevailing among social case-workers regarding the mental processes of their clients is an important drawback to adequate case-work with the foreign born. They have at best a superficial knowledge obtained from brief lecture courses and desultory reading, or from isolated cases of mental disorder. They rely upon a "common-sense" method of understanding their clients' thoughts and behavior in terms of their own experience. This method is as dangerously inaccurate as if one should say to a sick man with headache: "I understand what your trouble is, for I have had headaches myself." Such an attitude toward physical disease on the part of a social worker would be regarded as an instance of grave ignorance. Every social worker is expected to know that there are various physical diseases due to different causes, that the same symptoms appear in different diseases and may be of more or less importance, and that different diseases require quite different forms of treatment. But it is not yet part of the working consciousness of social workers that the same is true of mental diseases. Though most social workers have heard this fact, it has not yet acquired practical significance for them.

If the social worker does not understand the mental life of the various members of the family, she does not know whether or not there may be developing among them attitudes, relationships, and habits that will lead to social disorder. Preventive social work with individuals aims to bring about conditions that will lead to social stability, and the relief of the immediate situation should be incidental to this aim. Thomas,[1] in writing of the case of a Polish family which had been known to a social agency for twenty years, speaks of the difficulty of the task of a social agency which attempts to rehabilitate a broken family and to save the children from demoralization by visiting, giving food or money, taking the parents into court, and coming to the rescue in times of crisis.

The following case illustrates treatment confined to ex-

[1] *The Unadjusted Girl*, by William I. Thomas. Boston: Little, Brown, and Company, 1923. p. 151.

ternal conditions only. For three years a family received almost continuous care from medical, family, and children's agencies. The man had been here fourteen years when first known and was not a citizen. He was said to have been "always shamefully lazy" and much of the time out of work. A social worker told the man's employer that she "hated to do anything for a man who seemed so indifferent and lazy". On three different occasions the children were "placed out", while the mother went to a hospital. Later, one child was "placed out" for medical care. The home, at the time of the first application, was described as "simple, but sweet and clean". After three years the house was dirty and disorderly, with very little furniture. The father was disheveled and had been out of work several months. The hopelessness of doing anything fundamental for this family without understanding the man's temperament, and the wife's as well, stands out clearly in this brief retrospect. But the social worker must become accustomed to think of inner relations at the beginning of a case and not only at its close.

There is no easy road to good social case-work with immigrant families. Two essentials now commonly lacking, knowledge of the foreign born and knowledge of mental hygiene, can be supplied only by systematic study. A social case-worker who asks herself what lines of study will be of most practical value in her daily work may well decide to apply herself to these subjects. To acquire a good working knowledge of the foreign born calls for considerable initiative on the part of the social worker. It cannot be obtained entirely through reading, or by taking a single course, or by becoming familiar with some one national group. There are good courses in most of the schools of social work dealing with several different types of subject matter. There are courses on the racial backgrounds of various nationalities, on political and economic aspects of the immigration problem, and on technicalities of the law relating to the foreign born. These efforts of the schools indicate progress in meeting the immigration issue; but most of them do not yet go far enough.

A social worker who, through her own initiative, has acquired an unusual understanding of immigrants, says that she was taught in a school of social work ten years ago "to

treat the problem and not the foreigner". The aim is now to "treat the foreign born and not merely the problem". This point of view suggests the type of course needed, which shall aim not merely to give information concerning the customs, legal relations, and economic status of various national groups, but to inculcate the idea that the immigrant of any nationality has a special point of view and acquired habits of thought and action that must be understood and taken into account. Such a course would also endeavor to show the attitudes toward the major social questions characteristic of different nationalities and also common to all immigrants. It would trace the effect of these acquired habits of thought when they come in conflict with American institutions. It would consider the possibilities of adaptation to new social situations and the means of promoting stable relations between the foreign born and the American environment. Such a course would endeavor to evolve what Miss Ethel Bird [1] calls "a philosophy of immigration".

Another means of education in this subject is, of course, reading from a selected list of references, which may be obtained through libraries or from authorities on the foreign born. A book by Miss Edith Abbott [2] dealing with the historical, legal, and social aspects of immigration may prove of value for this purpose. Various other methods of study may be pursued. A survey of a community's resources for meeting the requirements of the foreign born is enlightening. It is helpful to be familiar with the publications of the federal and state departments and the private organizations that deal with immigrants. The publications translated into various languages by these organizations might be more widely used in social case-work. One of the best ways to become familiar with the attitudes of the foreign born is to make acquaintances among representative persons of different nationalities. And finally a careful study of the foreign factors in a small number of current cases will add greatly to a case-worker's knowledge.

A social worker may acquire definite knowledge of mental

[1] See note 1, page 347.

[2] *Immigration: Select Documents and Case Records,* by Edith Abbott. Chicago: University of Chicago Press, 1924.

diseases and their relation to social problems through adequate instruction, by reading, study, and the demonstration of cases. To follow any one of these lines of inquiry alone is not enough for a sound foundation. The short lecture course of ten or twenty lectures is good as a means of arousing interest, but it is not enough to serve as a basis for practical knowledge. One of the means by which social workers may gain psychiatric knowledge is to form a small study group of five or six under the leadership of a psychiatric social worker or a psychiatrist. The discussion may be based upon cases given in books. *The Kingdom of Evils*[1] or the *Case Studies* of Healy and Bronner[2] may serve for this purpose. The reading may center about topics suggested by the cases. Attendance at various clinics and staff meetings of mental hospitals may supplement this group study. Perhaps eight hours a week would be required—two for discussion, two for clinic or staff meeting, and four for reading. In five months, this would amount to about 175 hours, approximately the amount of time considered necessary for this subject by the Committee on Training for Hospital Social Work of the American Hospital Association.[3]

Adequate social records of the foreign born would be of great value in investigations of the mental health of immigrants, for social workers have unusual opportunities to study the mental experiences of foreign-born people. They remain in continuous contact with immigrant families sometimes for periods of months or years and often establish intimate and confidential relationships. They have developed a technique for acquiring the external facts to which the immigrant's experiences are related both in this country and to some extent abroad. There would seem to be no better means of studying the mental adaptation of the immigrant than a large number of social case records kept according

[1] *The Kingdom of Evils,* by E. E. Southard, M.D., and Mary C. Jarrett. New York: The Macmillan Company, 1923.

[2] *Case Studies,* by William Healy, M.D., and Augusta F. Bronner. Boston: Judge Baker Foundation, 1923.

[3] *Report of the Committee on Training for Hospital Social Work.* Chicago: American Hospital Association, 1923. p. 28.

to a uniform plan by a number of social agencies in various parts of the country.

A beginning should be made in assembling this material. If a number of social workers would begin to keep full records of their observations and the facts known to them in a small number of cases, in a few years there would be a collection of significant material. If two social workers in twenty-five agencies each prepared two such records in a year, there would be one hundred cases available for study. Even though these records dealt largely with external facts, as they probably would, they would certainly throw some light on the problem.

Miss Claghorn,[1] discussing "the intensive study of personal histories" as a practical means of "evaluating our immigrant peoples", says: "We should begin with the individual immigrant in his old home, learn about his surroundings, his ideals, his successes and his failures and how they came about; we should follow the same man to this country, again study his surroundings, his attitudes, his successes and failures. This means that we must study the American environment, the surroundings into which the immigrant comes, as carefully as we study the immigrant himself. . . . We have a tendency to assume as surroundings for the immigrant an abstract 'American' community, embodying a standardized set of ideals and purposes with which the immigrant is more or less out of harmony, to which we wish to 'assimilate' him, and an abstract immigrant 'colony' which, we think, is generally bad and from which we want to remove him.

"The situation is not as simple as that. . . . The real 'Americas'—the community surroundings in which the immigrant finds himself—differ widely. And we cannot understand the immigrant or what he is going to mean in our life without understanding just what 'America' he is living in."

A series of one hundred social records carefully kept with

[1] *Methods of Evaluating Our Immigrant Peoples,* by Kate Holladay Claghorn. MENTAL HYGIENE, Vol. 7, pp. 20–31, January, 1923.

much detail would be likely to demonstrate the diversity of conditions that exist in different immigrant families, and would help to do away with the traditional idea of the abstract "foreigner". In an appendix to this article a simple outline is given for the summary of such a record. The value of the material will depend upon the thoughtfulness and insight that the social worker exercises in obtaining the significant facts. The outline merely offers a uniform plan of recording so that a number of records may be easily compared. In this way a large number of records for study might be secured with little cost to each agency. The work of the agency might, in turn, be benefited through greater concentration upon the problems of the foreign born and also through the ultimate findings of the study to which it had contributed.

## Summary

Social agencies are realizing more and more the importance of the problems of the immigrant. The high frequency of mental diseases among the foreign born and their children is becoming a pressing problem. Investigations of social records indicate a lack of the information that would lead to a better understanding of the subject or to the formulation of preventive measures. The reasons for this insufficiency of data are found partly in traditional methods of record keeping, but chiefly in lack of knowledge among social workers of the foreign born and of mental hygiene. This deficiency of knowledge can be supplied only by systematic study, for which practical plans are suggested. The abundant material available to social workers should be used to throw light upon the reasons for the high incidence of mental disease among the foreign born. Many problems are involved, upon which social data are needed.

## Appendix

### Outline of a social record of an immigrant family

Family name:
Address:
Reasons for coming to the U. S.:

*For father, mother, and each child, the following:*

Age; date of birth and birthplace:
Religion:
Occupation:
Age and grade on leaving school:
Age on beginning work:
Marriage, date and place:
Date of arrival in U. S.:
Route and S. S.:
Naturalization (dates of first papers and citizenship):

*Relatives, friends, and references:*

Relatives in U. S.:
Relatives abroad:
Other members of household:
Friends:
References:
Previous addresses:

*Family history (give specific data that indicate the condition):*

Physical disease
Mental disease
Mental defect
Mental instability

in

father, mother, and children:
father's father, mother, and siblings:
mother's father, mother, and siblings:

*Status in country of origin:*

Home and neighborhood (urban, rural, suburban):
Standing of family and relatives among neighbors:
Employment:
Recreation:
Church:
Educational opportunities:

*Home and neighborhood in United States (describe in specific terms):*

Locality (changes with dates):
Street:
Buildings:
Home (furnishings; cleanliness and neatness; habits of eating, including regularity and character of food; sleeping arrangements; and other features):
Family's attitude toward:
Each other (marital relations, relations of siblings to parents and each other):
Present standard of living:
Neighborhood:

*Economic status:*

Employment:
Firm:

Type of work:
Process:
Wages:
Time in each position:
Income:
Wages:
Other sources:
Savings:
Investments:
Expenses:
Rent:
Food:
Insurance:
Organizations:
Taxes:
Debts:

*Education (date each entry):*

School in U. S.:
Read and write native language
Read and write English language
Read American newspapers
Read foreign-language newspapers
} for { father: / mother: / each child:
Books in the home:
Studies in America:
Use of public libraries:
Any special features:

*Occupations in leisure time (date each entry):*

Recreation:
Work at home:
Affiliations with organizations of the national group:
Clubs or dances:
Church activities:

*Institutional care (date each entry):*

Hospitals and dispensaries:
Jails and reformatories:

*Legal entanglements (give specific data with dates):*

Immigration service:
Courts:
Other public authorities:
Lawyers:
Swindlers:

*Attitudes of father and mother (also of children when significant) toward:*

Education:
Religion:

Property:
Government:
Marriage:
Position of women:
Training of children:
Family life:
Country or city life:
Employment:
This country:
Country of origin:

# CLINICAL DEMONSTRATIONS OF MENTAL DISORDERS FROM THE POINT OF VIEW OF PSYCHOPATHOLOGY AND INTERNAL MEDICINE*

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MANY of the patients who are seen on hospital wards or in dispensaries present purely medical or surgical findings; some come for definite psychiatric causes; a large number deserve careful consideration from both standpoints —a border-land group that it is frequently especially hard to evaluate at the beginning of an illness. In order to be thoroughly worked up, cases that fall into this last group should be subjected to various examinations by an internist and a psychiatrist. But not all of the sick can afford the time or the money to have complete studies made by such specialists. And, furthermore, a consultant might not be called to observe from his standpoint certain early and less obvious features that would pass unnoticed unless definitely looked for—for example, psychomotor slowing or minor character changes masked by physical complaints in patients on a medical ward. Even when called in, the problems put before the consultants are often nothing more than incidental complications, not of fundamental importance in the understanding of the situation for which the patient comes to the hospital. Although appreciating the relation of other branches of medicine to their own line, the heads of one department are separated from those in charge of another by a gap that is seldom satisfactorily bridged in the teaching of students. Accordingly, it seems worth while to report here a series of clinics for medical students, stressing the common ground of psychiatry and internal medicine.

The opportunity to give these clinics was provided by

* The authors are indebted to Miss Mabel F. Kraus, of the social-work department, for her whole-hearted coöperation in working up several of these cases.

Dr. Adolf Meyer in an elective course in psychiatry for third- and fourth-year medical students in the Johns Hopkins Medical School. As a part of that course, he encouraged the presentation of selected patients from the Henry Phipps Psychiatric Clinic by two members of his staff, one of whom would demonstrate a case and discuss its psychopathological aspects, while the other would then develop the standpoint of the internist. Each maintained the same rôle throughout the series of clinics.

The aim was primarily to show the importance and also the present limitations of internal medicine in relation to psychiatry, as regards etiology, treatment, and incidental occurrences. An effort was made to bring out connections between the case in hand and the principles of general physiology and pathology, avoiding the narrow interpretation of the conception that mental diseases are a special group of brain diseases (Griesinger). The procedure adopted also led to the demonstration of special types of psychiatric cases. Again, it was hoped that color would be given by the statement of two viewpoints which might stir up discussion.

The variety of cases was not all-inclusive. However, all had some definite psychopathological and medical problem, either in etiology or in treatment. Any of them might be met with in a medical or a psychiatric out-patient department. In fact, two of the patients (Cases No. 3 and No. 4) came into the hospital through the medical dispensary, while all the others except one (Case No. 2) had previously been in the care of internists or general practitioners during some stage of the present illness. The presentation depended on the material at hand at the time of the clinics and is given below in the order in which the cases were demonstrated.

### CASE NO. 1

*Schizophrenia of predominantly hebephrenic type, with characteristic hyposthenic bodily constitution and no etiological physical findings.*

*School girl; age sixteen.*

*Heredity*

Maternal grandmother had breakdown at sixty-seven after loss of money; tried suicide.

Mother "nervous". Infantile paralysis, epilepsy, paralysis agitans in the family history.

*Psychopathic traits of significance; neuropathic history of possible importance. Chiefly on maternal side.*

*Pre-psychotic personality*

Wilful child; showed little affection toward family, with abrupt changes from one to another; did not want to be touched or kissed; contrary, reserved, had few contacts with boys and girls; daydreamer. Had crushes on girls and on an older man with whom she had never spoken. Feeling of inferiority; learned well, but did not retain well. Aspired to be either "athletic" or "intellectual"; not as clever as sisters. On basis of inferiority feeling, was selfish, bluffing, gave the appearance of conceit.

*Disharmonies of thought, habits, and interests. Schizoid personality. Introvert tendencies. "Inefficient application to reality" (Adolf Meyer).*

*Main facts of psychosis*

March 1923, languid and slow. May 1923, failed first year high school. June, restless, had insomnia; "out of sorts"; seemed wretched and unhappy, but did not cry; had altercations with mother. July, in hospital; tired; insomnia; stated she had not felt well since March; not depressed. August, improved. Fall of 1923, repeated first year in private school. February 1924, return of insomnia; pale, indifferent; "weak". Sat listlessly in school. Said a girl in school had called her "rotten"; cursed sisters without provocation; danced; "I am a little fairy". In March again in hospital; sudden silly laughter; said she was "Queen of England" and "made of tin"; disheveled, apathetic; no desire to leave the hospital. June 1924, in Henry Phipps Psychiatric Clinic; giggling; said father had leprosy; heard men talking outside building: "She is an easy mark", "easy to get"; said a man named Hartford followed her everywhere; wrote to her mother advising divorce; uninterested and vague; grimacing; stereotyped repetition of phrases; climbing upon windows; answers questions with sudden interruptions; said her father

controlled her imagination; scattered talk; preoccupied and dreamy.

*Gradual onset with weakness and shallow depression. Autistic ruminations. Distorted statements, general slump in activity and interest, auditory hallucinations, passivity fantasies and volitional disorder (blocking, scattering, stereotypies, mannerisms, and antics).*

*Bodily constitution and physical findings*

A fairly developed, slender girl; no physical complaint. Height 5 ft., 6 in.; weight only 107 lbs. Span of arms greater than height; relatively long legs. Narrow chest; narrow costal angle; delicate bony framework and slender fingers; scaphoid scapulæ; cold extremities; blood pressure has low normal values; rather sluggish, but lasting dermatographia; fulness of neck with no distinct enlargement of the thyroid; blood counts and differential smears normal. Heart not enlarged; $P_2$ accentuated and reduplicated; no murmurs.

History of being in bed for six months at the age of nine with fever and cough, called at the time tuberculosis. Lungs now clear on physical examination and in X-ray films. Menses began at fourteen; have been irregular recently. Urine: normal specific gravity; persistent trace of albumin, but no casts; occasional white blood cell. Intravenous phenolsulphonthalein gave 15 and 10 per cent, a total of 25 per cent recovery in two hours; the volume of specimens obtained was small. Non-protein blood nitrogen 28.6 mgms. per 100 cc. of blood.

*Tall and slender hyposthenic (Bauer) or asthenic-dysplastic type (Kretschmer). Suggestion of hypogonadal and possibly hypopituitary status, not striking; menses recently irregular. Accentuated and reduplicated $P_2$ insufficient evidence of mitral stenosis. No renal impairment; involuntary retention of urine, explained on a psycho-biological basis—"physiological blocking".*

In connection with this case the following topics were discussed:

1. Limitation of methods of internal medicine for the understanding of schizophrenia.

2. The incidence of dysplastic types (Kretschmer) of physique in schizophrenia and schizoid personalities.

3. Ovarian therapy as an experimental procedure in view of the slight evidence of hypogonadal function in this case.

CASE NO. 2

*Stupor reaction of predominantly schizophrenic type, with little evidence of affect. Admixtures with a delirious reaction type point to physical findings of significance.*

*Housewife; age twenty.*

*Heredity*

No history of mental disease or of abnormal characters.

*Pre-psychotic personality*

Never a good mixer; always rather distant. At fifteen married a boy of nineteen against family's wishes. Husband coarser; went with another woman. Patient had three pregnancies. First baby at age of two fell into bathtub, was scalded, died (1921). Husband blamed patient for "crime". Since then self-reproachful, brooding. Second pregnancy: self-induced abortion concealed from husband; treated in Johns Hopkins Hospital gynecological dispensary, 1922.

*Distant, unconfiding personality. Very early marriage. Continued brooding over accidental death of first baby. Secret self-induced abortion in second pregnancy.*

*Main facts of psychosis*

Fall of 1923, third pregnancy. January 1924, more brooding; worrying over death of first child; fear of death in labor. Two weeks before delivery, queer, restless; insomnia; sitting on chair making faces; puffiness of ankles and about eyes. April 1924, baby born; during delivery tried to bite attending physician. After birth, silent, over-solicitous about baby. June 1924, remarked "a spell had been put on me". Once walked unprotected in pouring rain with baby to sister; when asked why, said "Huh!" (had always been polite); seemed in a daze; talked about first child. July 1924, said she would be hung for her crime; crying. Once at night saw and heard dead mother, who reassured her. August 30, was found "dazed" in room and baby scalded to death in tub on stove.

Patient repeated about eight times: "It's too late, too late . . ." Appeared confused; a whole package of strong washing soap was found in boiler with baby's clothes.

On same day, admission to the Henry Phipps Psychiatric Clinic. Incomplete stupor. Only response, "All right", to "How do you feel?" Staring, drooping posture; sad expression at times; retarded; answers correct when given: "My baby got scalded; I did it. Hilda [first baby] fell in the water." Did not look up when addressed. Once tied and untied shoestrings; put garters on arm and stared at them; perplexed about thermometer and having pulse taken. "You are just making believe." Puzzled about resemblance of physicians and nurses to acquaintances. "They are just trying to fool me." Smiles described as sad, pathetic, pleasant. Occasionally a little more alert and responsive; on one occasion went downtown accompanied. On the whole, remarkably coöperative, but without speech; aware of surroundings; remembers names of nurses.

*Onset of incongruous behavior during pregnancy. After delivery, increasing unresponsiveness with evidently complex-determined impulsive acts. Suggestion of ideas of influence. Infanticide in state of confusion, followed by affectless condition with automatic repetition of words. Incomplete stupor reaction without negativism. Activity in part characterized by perplexity without distortions, occasionally suggestive of cloudiness (night episode with mother, confusion during infanticide, unclear responses in clinic).*

*Bodily constitution and physical findings*

Poorly developed and poorly nourished woman; expressionless and motionless. Some muscular hypertonicity during examination. Slender; flat chest; narrow costal angle; thin and moist skin; moist extremities; scanty body hair; low blood pressure; thyroid not enlarged; active deep reflexes.

Infected tonsils with tonsillectomy on October 19. Endocervicitis and vaginitis with profuse, thick, white vaginal discharge, improving under antiseptic douches. Bronchopneumonia in right base about a month ago; no residuals. Heart not enlarged; $P_2$ loud; sounds clear; pulse variable and usually rapid.

*Metabolic rate:* +3, +1, and 0 on repeated tests. (Normal values range between +10 and —10.) *Basal blood sugar:* 86.2 mgms.; it then rose to 164, 164, and 105.2 mgms., ½, 1, and 2 hours after 70 gms. of glucose by mouth. (Those values lie within normal limits for glucose-tolerance tests.)

*Foci of infection. Undernutrition. Mechanically slowed activity, without corresponding slowing of certain biochemical processes. Tendency to a slender hyposthenic constitutional type.*

This case brought up for discussion:

1. The possibility of toxic-infectious factors coloring the symptomatology of the psychosis.
2. The medico-legal aspect of the case, especially the problem of simulation and of the rôle of automatism in the criminal act.
3. The importance of keeping nurses' notes based on continuous observation, which in this case revealed the repetition of mild disturbances of consciousness.
4. The contra-indication of adrenalin and thyroid indication, in spite of the inactivity of the patient, because of their action in exaggerating physiological tendencies which are already normal or above the normal—*e.g.*, oxygen absorption, heart rate, heat elimination by means of perspiration, loss of weight, and so forth.[1]

CASE NO. 3

*Delirium tremens, preceded about six months before by abortive attack. Typical symptomatology. Chronic alcoholism with character change.*

*Farmer; age fifty-five.*

[1] *Catamnestic data, Case No. 2:* About four weeks after discharge (11/17/24), the patient was seen at home by a psychiatric social worker. Eating and sleeping satisfactorily; spending her day sitting in a corner. Her sister feels that "her mind is coming back", because the patient gave an account of what happened on the day of the baby's death. On that morning she was putting soap flakes into hot water which she intended to use to wash her clothes; then she put the clothes in, the baby's napkins last; she had her baby on her arm; then "everything went around", she had to grab herself, thought she was going to fall, and everything seemed a blank from then on. She did not remember putting the baby into the water or the events that followed immediately afterward. Throughout, the patient showed no adequate affect.

*Heredity*

Father and brother heavy drinkers. Paternal uncle died at twenty-two; was insane; no details obtained.

*Pre-psychotic personality*

Very jolly and popular; fond of gambling; always happy; never worried. Married in his twenties; ten children; very considerate with family. Heavy drinker since a young man. At first ashamed to be seen intoxicated; during last year drank one quart of brandy a day. Personality changes: during intoxication periods, was extravagant with money; four years ago had to mortgage his farm; became undependable, careless in selling crops; irritable; not jealous. History of attacks of tachycardia, followed by bradycardia and shortness of breath. Increasing tremors. Indigestion and anorexia for past two years and obstinate constipation just before present illness.

*Sociable personality; increasing indulgence in alcohol with character change: irresponsibility and irritability. Possible paroxysmal heart attacks with auricular fibrillation.*

*Previous psychotic episode*

Spring 1924, tried to sober up; one day and one night without drink. Afterwards "raving wild"; afraid people would shoot him; saw fire in fireplace rolling out to meet him; thought milk bucket was coming after him. Had vision of driving with the Lord in a Ford car over holes and precipitous mountain to the River Jordan; thence walked with Him through hell to heaven. Drank again and felt better.

After this became downcast; "not his former jolly self"; cried during last two months; went to church eagerly.

*Delirious episode with "revelation", followed by more somber mood and religious preoccupation.*

*Main facts of psychosis*

October 26, 1924, usual behavior. October 27 ate almost nothing; restless at night; cried. October 28 decided to go to Johns Hopkins Hospital to get away from drink; traveled to Baltimore alone with a pint of whisky. October 29, fainted outside hospital; admitted to medical ward with auricular fibrillation. Became restless; picking at bedclothes;

disoriented as to time and place; saw bugs crawling; coarse tremor of upper and lower extremities. October 30, transferred to Henry Phipps Psychiatric Clinic; thick speech, coarse tremor, irregular pulse, dilated rigid pupils; extreme motor restlessness. Gave relevant replies to questions; suspicious; feared he would be killed or drowned in the continuous tub; afraid of being arrested on warrant for rape and drink; wanted to get away. At times sad: "I'm in a fix", but also showed signs of good humor. Disoriented as to time, place ("in a café"), and situation; gave correct data about himself. Saw Negroes dancing, knife in bed, monkey jumping on him, "air birds", kittens in bed; brushed insects from bed; handled pillows as trousers; walked along country road; heard rooster crowing (Victrola) and heard the county commissioner. Dreamlike experiences were interwoven with elements of reality—countless Ku Klux Klansmen in white robes leading him through woods (orderlies in white coats). Recent memory showed dreams and reality mixed in impossible time relations.

*Course:* On the fourth day of the psychosis, was oriented as to place. On the fifth day, was almost clear; gave retrospective account of experiences; remembered the initial fainting. On the seventh day, shown in clinic; incompletely oriented as to time and situation.

*Motor restlessness; thick speech and coarse tremor. Disorientation with preserved ability to give relevant responses to questions. Affect: fear and anxiety with touches of drunkard's good humor. Suspicious. Hallucinations: visual, tactile. Zoöpsia. Dreamlike experiences fused with reality. Recent memory disturbed; remote intact.*

*Physical findings*

Extreme motor restlessness. Unsteady gait. Coarse, irregular tremor of fingers, of tongue; slight lateral nystagmus. Sluggish deep reflexes. Sensation not disturbed except for transient diminution of perceiving position of great toes. No pain on firm pressure over nerve trunks. History suggestive of paroxysmal heart attacks: "Heart goes very fast, then almost stops"; coincident shortness of breath and occasionally precordial pain. Had definite

auricular fibrillation on admission; cleared up spontaneously two days later. Thickened peripheral arteries. Systolic blood pressure rose during fear states to over 200 mm. of Hg; dropped to 116 when psychosis cleared. Liver not felt; no signs of portal cirrhosis. Urine showed albumin and many casts on admission; cleared almost completely in one week. Stomach contents, blood, and spinal fluid negative.

*Psychosis preceded by constipation, sudden withdrawal of whisky, and a transient attack of auricular fibrillation. Developed in the hospital extreme universal coarse tremor, restlessness, insomnia. At onset blood pressure high and urine loaded with albumin and casts; both returned to normal as psychosis cleared.*

This case illustrates:

1. The rôle of a toxic agent in the genesis of a specific circumscribed mental-reaction type.
2. The importance of not overlooking the character change due to chronic alcoholism which in this case will persist after recovery from the acute psychosis.
3. Indication for the intravenous injection of hypertonic salt solutions, to reduce brain edema.

CASE NO. 4

*Reactive depression in feebleminded personality. Constipation correlated with sluggish functioning of organism in depression—not a toxic etiological factor.*

*Boilermaker; age twenty-five.*

*Heredity*

Father died of apoplexy. Maternal grandmother had psychosis as a young girl; in mental institutions at intervals for many years; diagnosed agitated depression; died of apoplexy at sixty-seven. Father and paternal grandparents were heavy drinkers. Of five brothers and sisters only one got beyond the fifth grade in school (may have stopped school for work?); one brother who started school at seven is now in the fifth grade at fourteen.

*Maternal side: affective disorder. Paternal side: alcoholism. Siblings: mental retardation.*

*Pre-psychotic personality*

Started school at eight; left at twelve in fourth grade. From twelve to seventeen held unskilled jobs with frequent changes; sorting onions in store, sewing buttons, in cannery, and so forth. From seventeen to twenty-two changed jobs only three or four times, each time being laid off. From twenty-two to twenty-five kept one job as boilermaker; $31 a week; helped to support his family.

Quiet and obedient as a child, sociable. After seventeen tended to be somewhat seclusive; only one boy friend; not sensitive or irritable.

*Gradual progress from unskilled, unstable work to steady semi-skilled employment. Always good-natured. After adolescence somewhat seclusive.*

*Main facts of psychosis*

Since January 1924, sexual relations with girl whom he had known for several years. In May her menses stopped, neither of them knowing its significance. In August the girl realized that she was pregnant. After threats by the girl's family, patient married in the middle of September 1924, but they never lived together. Patient says he wanted to marry her anyhow.

August 1924, three weeks before marriage, patient had sudden pain in chest while at work. Four days later "something ran from here to here" (umbilicus to left chest). Later, "funny feelings", "a feeling like something running in chest". Lost ambition for work; while on couch had pain near heart, was short of breath, looked scared, had fear of death; lasted several minutes. Two weeks later had similar attack. About two weeks before marriage felt impotent; also had lack of desire; was worried, sad. Since then restless at night; appeared depressed; in the morning felt worse. Things looked blurred; was afraid he would lose his mind; had suicidal ideas; lost weight. Somatic complaints: "pains in the kidney", "in the thighs"; occasional headaches; "funny feelings in the throat" when smoking; "it feels like a funny taste"; "my throat feels out of shape". Described a strange feeling which passed up from his genitalia to his head: "It took my nature away—my nature went right to my head."

Had constipation. He later added other complaints—getting black around the eyes, a "nature smell" in the nose, the uvula drawing back when he breathed in, heart moving around, abdomen swollen, food hanging halfway to stomach.

The patient had no apparent interest in compensation of $15 a week for eight weeks, ending, unknown to him, a week before admission.

In the hospital appeared depressed and preoccupied. Felt "sad". At first slowed. Chief worry impotence. Memory good. Retained only 5 digits. Binet-Simon rating nine years. Later, on the ward, had despondent and worried expression, but showed some improvement. "Would like to work if I could." Repeated Binet-Simon 10+. More alert.

*Forced marriage following girl's illegitimate pregnancy. Three weeks before marriage developed hypochondriacal complaints and beginning of depression with lack of ambition, morning and evening variations, insomnia, slowing, loss of libido, decrease in weight, anxiety attacks.*

*Bodily constitution and physical findings*

Well-developed and well-nourished. Normal male proportions of trunk to legs; normal distribution of fat; hypertrichosis; large and firm testicles, not tender. Finger nails bitten. Constipation. Test meal resulted in small amount of gastric juice recovered; total acidity only 18.6 per cent. Gastro-intestinal X-ray reported very active stomach with marked hypermotility, but no defects made out; colon prolapsed and sluggish. Many hypochondriacal complaints, shifting after examination and assurance that there is no organic basis—*e.g.*, pains in chest, then around heart, then in abdomen, lastly in back over "kidneys". X-ray of lungs negative; rudimentary spina bifida accidentally discovered in that plate.

*Constitutional type somewhat hypergonadal; complaint of impotence regarded as a symptom of depression. Moderate hypochlorhydria and constipation, fitting into depressive picture, but not causal. Vague and shifting hypochondriasis in which the nature of complaints is based in part on superstitution (group distortion). Rudimentary spina bifida, a non-essential embryonic defect.*

In regard to this case:

1. The formal rating of intelligence by the Binet-Simon test does not provide the clinical diagnosis without being supplemented by a careful study of the personality and of the emotional reaction.

2. The nature of the hypochondriacal complaints are doubtless influenced by the low mental level of the patient and might mislead to the assumption of schizophrenic distortion.

3. The sociological viewpoint requires a careful study of the variations in behavior in order to deal adequately with the question of compensation.

4. Constipation is considered capable of causing marked symptoms, but satisfactory proof is still lacking that it can ever lead to a general bodily intoxication due to chemical products formed in the intestines.[1]

CASE NO. 5

*Traumatic psychosis. Personality change after concussion of the brain. Symptoms referable to trauma: headaches and dizziness. Contraction of visual fields on hysterical basis (attention disorder). Possibility of desire for compensation influencing the patient's attitude toward his organic condition.*

*No occupation; formerly ship's carpenter; age forty-four.*

*Heredity*

No psychoses or neuroses.

*Pre-psychotic personality*

January 10, 1920, fell from scaffolding at least twenty-five feet into a steel ship. In Maryland General Hospital with "fracture of skull"; unconscious for four days; exact details not obtained; discharged from hospital after one week; "blind for a couple of days". At home sixteen weeks; "weak". Returned to work; afraid that boat would fall on top of him; could not do the work; stopped working July 1921.

[1] *Catamnestic data, Case No. 4:* After discharge (11/19/24), the patient remained at home for ten days. He made one attempt to work; there he overheard fellow workers make the remark, "He'll never be able to do the job"; whereupon he stopped work. He has discussed matters with his wife and arranged that she will live with his mother until confinement and then start housekeeping with him. He was seen four weeks after discharge by a psychiatric social worker and did not appear depressed.

Then developed complaints (obtained from patient and wife): insomnia; almost constant frontal and occipital headaches; spells of giddiness sometimes precipitated by moving his eyeglasses; dizziness; bad eyesight; lack of confidence; afraid to cross the street alone; fear of something impending; downhearted mood with thoughts of suicide; crying spells; worried; general irritability; decrease of libido; difficulty in concentrating; narrowing of interests; was easily fatigued; at times thought people (even wife) were against him; unable to give dates and time relations of events of past history.

Since November 1921, received compensation of $12 a week.

In the Johns Hopkins Medical Dispensary on January 4, 1922, diagnosed "inactive pulmonary tuberculosis". In the Henry Phipps Psychiatric Dispensary January 6, 1922: anxious, "always scared of something"; imagined people were walking behind him; saw forms in front of him at home in the dark; oriented; subjective memory: "I forget the names of my children." Remote memory: could not give date of marriage. Recent memory intact. Retained 5 digits. Could not give gist of test story. Could perform simple calculations. Wrote: "Methodist Episcobal".

In occupation class until May 1924.

In Henry Phipps Psychiatric Dispensary December 8, 1923—"always sad"; "afraid of getting hurt"; calculation fair; recent memory good.

No change or variation since then.

*Fractured skull from fall in 1920. Followed by change in personality: irritability, apprehensiveness, depressed mood, suggestion of paranoid ideas, difficulty of concentration and general fatigability. Lack of confidence and ambition. No work for four years. Received compensation.*

*Physical findings*

Restless, avoiding conversation on ward, easily startled. Headaches, dizziness, contraction of visual fields, inability to hear watch, but able to hear very low voice. Slight pyorrhea; many crowns with possibility of 10 infected roots.

History of "inactive pulmonary tuberculosis" and suggestive positive tuberculin test 1/1000 intradermally. At present: slight impairment to second rib and distinct impair-

ment to percussion in interscapular region on both sides; cogwheel inspiration both uppers, especially left; transient fine rales scattered over both sides. X-ray: "non-tuberculous infiltration both lungs".

Urine: trace of albumin, casts, few white blood cells.

Slender, slightly under weight, complaining of ready fatigue; narrow palate and narrow chest; temperature 96 to 97°; pulse 72 to 76; blood pressure 106/64; sluggish dermatographia; injected conjunctivæ; cold extremities; moderately contracted pupils; rapid emptying of stomach; total gastric acidity 67 per cent; X-ray of gastro-intestinal tract showed spastic pylorus and spastic colon.

*Headache and dizziness regarded as symptoms resulting from trauma. Contraction of visual fields suggestive of "hysterical" outlines. Possible foci of infection: teeth, lungs (non-tuberculous infection), genito-urinary tract. Constitutional make-up fits in with the hypothesis of "vagotonia".*

The following points were brought out in the presentation of this case:

1. The difficulty in evaluating the organic and psychogenic factors.

2. The number of symptoms that fit in with the concept of "vagotonia" (Eppinger and Hess), considered as a part of a vicious circle after the injury: *i.e.,* psychic and physiological reactions.

3. The desirability, from the psychiatric point of view, of a lump-sum settlement of compensation after an accident in order to obviate the all-or-none attitude of the patient which may prevent him from attempts at part-time work.

4. Discussion of factors contributing to the occurrence of post-traumatic psychoses: alcohol, arteriosclerosis, pre-traumatic psychopathic traits, age, chronic infections. In the present case possible foci of infection might have lowered the resistance of the patient.[1]

[1] *Catamenestic data, Case No. 5:* The patient was seen twice several months after a court trial in which he had been granted the fullest compensation settlement. He had shown no interest in the proceedings. His general behavior was unchanged—uninterested and inactive.

CASE NO. 6

*Epileptiform attacks, regarded clinically as in the borderland between genuine epilepsy and localized organic brain involvement. Pyramidal signs.*

*Female; no occupation; age seventeen.*

*Heredity*

Father irritable and quick-tempered. One half-sister and one half-brother "nervous". One sister moody; has "blue spells".

*Pre-psychotic personality*

Instrumental delivery; no abnormal after-effects. As a child had a "terrible temper"; children would tease her in school to see her fly into a rage. Brought up on a farm; seclusive; much attached to her father; always wanted to be with him. Attended country school; not especially "apt", but never repeated a grade. When she was eleven, her mother died. Left school at twelve in the fifth grade on account of the onset of illness.

*Country girl; seclusive (by choice or circumstance?); temper tantrums.*

*Main facts of psychosis*

April 1919, at twelve, had first menstruation. Afterwards became increasingly listless; felt "funny"; did not feel sad. At that time had terrible nightmares: pursued by big black bears; in dream she would run for the door, her sister would get in, she could not; she might get her head in, but not her body. Mutual masturbation with sister. August 1919, had second menstruation; first "spell" came then; exact nature not known; unconscious for some time. Since then had no nightmares. For several months had convulsions ("big spells") once a week. Also had "jumping spells" daily for several months: conscious throughout; irregular, uncontrollable jerking, sometimes limited to left side; she could feel them coming on. Fewer attacks at thirteen, but both became more frequent after death of father when patient grew more listless. At fifteen in school for a time; developed a little interest in housework.

March 1923, had a series of generalized convulsions with unconsciousness, coming in rapid succession for forty-eight

hours. For two weeks afterward "did not know what she was doing". Improved in summer of 1923. January 1924, lost all interest, "simply sits all day"; had "jumping spells" daily and "big spells" once a week. Gradually became neglectful of her personal appearance, did no housework, was apprehensive of attacks; showed increased interest in religion with a feeling that her nightmares were a revelation of coming sickness.

Admitted to the Henry Phipps Psychiatric Clinic at end of January 1924. "Jumping spells" observed: initiated by a "funny feeling"; looked anxious, gave two or three quick irregular jerks of both arms; pulse 104; respiration 40; made grimaces; could answer questions relevantly throughout; lasted several minutes. Subjective feeling afterward as if she wanted to urinate and could not. In "big spells" had "feeling" as warning, usually numbness in left arm; then generalized convulsions starting on left side, not involving face; no response to stimuli; would void involuntarily; duration several seconds, after which she was dazed for a few minutes.

Examination in hospital: dull, indifferent, inactive, careless in appearance, hair untidy; mood indifferent; oriented; memory unimpaired. Calculation very poor. Retained 6 digits. General information very poor. Believed her sickness was caused by masturbation. From January to May had only two major attacks, during which time she gradually became more active and interested, at first without medication, later with luminal. Had frequent fears that an attack would come, often at night.

Got along well in country during summer; last attack three months before present admission, November 22, 1924.

*After menarche had peculiar sensations and nightmares. After second menstruation, epileptiform convulsions. Major attacks, usually starting with paresthesia of left arm. Also had jerking with consciousness. Possible status epilepticus followed by fuguelike behavior for two weeks. Neglect of personal care. No outspoken epileptic character change.*

*Physical examination and bodily constitution*

Fairly well-developed and nourished, coöperative girl.

History of attacks: convulsions with loss of consciousness; also milder jerkings of arm, usually beginning in the fingers of the left hand and traveling up the arm, without loss of consciousness. Marked pyorrhea. Fetid breath. Palpable cervical lymph glands. Heart not enlarged; a short and soft systolic murmur, probably functional. Pronunciation somewhat indistinct. Persistently positive Babinski on the left. Left knee kick somewhat more active than the right. Definite relative weakness of the left leg. No relative differences in strength or reflexes in arms. Thyroid not enlarged. Basal metabolic rate —12; skin slightly thick and dry; rather large tongue; temperature usually below 98.6°. On the other hand, ready perspiration, slender hands and fingers, prompt dermatographia. X-ray of head, visual fields, sugar tolerance, blood Wassermann, and blood counts normal.

*Convulsive attacks, often beginning in and sometimes limited to the left hand and arms. Attacks began with onset of menses, were affected by changes of surroundings and possibly by drugs. Localizing signs: persistently positive Babinski on left, knee kicks more active on left, left leg weaker than right, history of funny feelings and twitchings in left arm. No definite endocrinopathy.*

In regard to this case:

1. The limits between genuine epilepsy, epileptiform convulsions of toxic origin, organic epileptiform convulsions of Jacksonian type, and psychogenic convulsive attacks of hysterical pattern are not defined with absolute clearness; therefore, a combined study with the methods of psychiatry, neurology, and internal medicine is often indispensable.

2. Some of the many theories of epilepsy were briefly reviewed.

CASE NO. 7

*Hallucinations with fear and confusion on endotoxic basis; toxic adenoma of the thyroid.*

*Married woman, age fifty-four.*

*Heredity*

No psychoses or neuroses. One sister very superstitious.

*Pre-psychotic personality*

After mother's death, from four to nineteen in orphanage. From nineteen to twenty-one worked as milliner. Married at twenty-one; husband drank; fourteen pregnancies, eight children living and well; husband died when patient was forty-five. Second marriage at forty-eight; separated one month after marriage; husband said to have been good for nothing.

Sociable, conscientious in bringing up children, always good-humored, superstitious, consulted fortune tellers.

About fourteen years ago noticed swelling in neck after pregnancy. About the same time was "confined to bed and talked out of her head"; thought neighbor had her money. Eleven years ago, during pregnancy in the Johns Hopkins Hospital, had protrusio bulbi, fine tremor of fingers, and tachycardia. Five years ago was treated for "dropsy from the knees down". Three or four years ago had shortness of breath, headaches; was told she had high blood pressure. At that time family noticed "swelling of eyes" for the first time; complained of feeling hot; repeated: "I'll smother." For a short time had visions and dreamlike experiences with apprehension; saw her dead son; thought daughter was going to be killed; talked to herself.

*Outgoing personality bearing difficulties with cheerfulness. Thyroid enlargement for fourteen years. Unclear psychotic episode with confusion. History of cardio-vascular decompensation with psychotic behavior suggesting cardiac delirium.*

*Main facts of psychosis*

For two years suspicious. During past year excitable in the morning. Beginning of summer of 1924, said people were talking about her and mocking her; moved twice, apparently for that reason. On November 1, 1924, had quarrel with drunken son who came to her demanding board; daughter called the police while the patient pled not to arrest him. Afterward cried: "I'm so excited"; unusually talkative. Had heachache and "lump in chest". November 2, agitated and talked much about her son. Could not sleep that night, thinking her neighbors talked about her. November 3, face

flushed, eyes "starey". "I can't stand those people next door. They swear I am making a noise." "They said they are calling a cop for me." Talked no more about her son. Continued to hear voices at night; some threatening to take her to a hospital, others remonstrating—*e.g.*, a policeman saying, "That woman is all right; I don't hear her at all." Heard doctor tell her to pull her hair out, which she did. Voices would answer her when she called her daughter; they would call her vulgar names. Thought she heard a crowd outside the house. When reassured by her daughter, said her own hearing was better. Was afraid of little noises at night, had dread of something terrible, fear of death, palpitation; heard neighbors accuse her of being dirty; would smell herself; put disinfectant in the sink and washed often during the night. From the middle of November on, received small doses of bromides; thought it was poison. In answer to voices she talked of suicide. Spoke in a whisper: "Silence is the password."

Admitted to the Henry Phipps Psychiatric Clinic December 2, 1924. Looked preoccupied, not depressed; laughed or cried easily. Was much concerned about voices, and yet said: "I know they are not real. It's the fever in my head." Thought they said, "She is going crazy." The voices of men and women were not localized in space. Mood: "frightened", "scared". Questions not well answered because her attention could not be held. Apparently oriented, but muddled up about things she did not have a chance to look up, such as dates. Recognized all persons, differentiating in her responses. Memory could not be tested. Retained 5 digits. Could not be made to calculate. No insight, although at times she realized retrospectively the unreality of the voices.

During the course in the hospital, she was agitated; usually more hallucinated and disturbed at night; pacing and wringing her hands, with occasional nocturnal screaming from fear. Heard doctor threatening to kill her and the cries of her daughter being mangled upstairs. Voices accused her of sexual relations with a Chinaman. "I hear voices in my head." Visual hallucinations few and vague:

seeing brother and strange child. At times could be roused, was coöperative—*e.g.*, read magazine.

*Period of ill-defined suspicion. Ideas of reference and auditory hallucinations for several months. Then, following emotional scene at home, acute onset of agitation with auditory hallucinations, delusions, and fear. Nocturnal panics. Extreme preoccupation and attention disturbance with some confusion. Obeyed voices. Shifting levels of responsiveness with constantly good orientation for place and person and occasional glimpses of insight.*

*Physical findings*

Multiple circumscribed nodules in right lobe of the thyroid, one being large and somewhat fluctuant; no bruit heard except over pole of left lobe. Eyeballs prominent; conjunctivæ injected; moderate puffiness of soft tissues in the eye socket. No positive lid lag, no inability to converge, negative eye signs throughout. No fine railroad-bridge tremor of fingers. Skin thin, soft, moist without distinct sweating. No gastro-intestinal crises. Heart: apex 10 cm. in 5th i.s.; first sound forceful, second moderately loud; rough, harsh systolic murmur at apex somewhat transmitted to axilla; blood pressure 142/80. Urine showed + albumin; few hyalin and granular casts on admission, but none since. Temperature 98.6 to 100°. Pulse 90 to 110. After repeated attempts, a fairly satisfactory basal-metabolic test showed a rate of + 29. Non-protein nitrogen of the blood gave high normal values; blood sugar and blood counts normal.

*Toxic adenoma of the thyroid without true exophthalmos. "Dysthyroidism." History of cardiac decompensation. At present, mild myocardial insufficiency probably secondary to thyroid condition; no decompensation.*

At the same clinic another patient was shown briefly to bring out certain contrasts with the preceding case.

CASE NO. 8

*Hyperthyroidism with exophthalmos and diabetes; general attitude tense and restless. Symptoms improved after partial removal of the thyroid. Subsequent development of unresponsive attitude and expressions of impure affect.*

*Housewife; age twenty-five.*

*Main facts*

"Nervous" and continually losing weight for five years. Three years ago had a "nervous spell" of several months' duration; details not known. Two years ago noticed a swelling in neck. About April, 1924, had crying spells. August 9, 1924, admitted to the medical ward of the Johns Hopkins Hospital; keyed up, irritable; diffuse enlargement of the thyroid with exophthalmos and positive eye signs. Also had marked diabetes. Basal metabolic rate +66. After treatment with Lugol's solution, the metabolic rate promptly decreased to +17, then to +8. On August 26, double partial thyroid lobectomy [1] with immediate improvement of general symptoms and the urine became sugar free. Discharged September 20. Did not observe strict diet and was readmitted October 7: depressed, apprehensive of coma, "can't think", "can't remember things", "funny feelings inside", "rumblings in head"; no appetite; large amount of sugar in the urine. The diabetes improved under supervision. Transferred to the Henry Phipps Psychiatric Clinic. Appeared dazed, at times frightened; Binet-Simon rating 9 years, 8 months. Mood: "sad, childish, weak, homesick, all mixed up, I feel like I'm dead." Occasionally heard voices: "die", "drop dead", "go to hell". On December 8, the basal-metabolic rate was —12; the urine was free from sugar and acetone.

In commenting on these two cases:

1. The polymorphous picture of the mental-reaction type in the psychosis of Basedow's disease makes it a difficult problem to regard the thyroid as the etiological agent of mental disturbances. In the first case the conclusion that the psychosis is of thyroid origin seems unavoidable. In the second case a marked personality change in the form of a general reduction followed the operative removal of the thyroid.

[1] Excerpt from report of pathology department: thyroid removed at operation from Case No. 8: "Hypertrophy and hyperplasia of thyroid epithelium . . . no areas which show the characteristic fetal adenoma." Final diagnosis: "exophthalmic hypertrophy".

2. The medical picture of the first case was characterized by adenomata of long standing (local hypertrophy), a history of cardiac decompensation, a moderately high metabolic rate on admission, and protrusio without eye signs. Operation without giving Lugol's solution was advised. In the second case there was a relatively sudden onset, diffuse enlargement of the thyroid, a very high metabolic rate on admission, and marked exophthalmos with positive eye signs. Lugol's solution proved beneficial as a preliminary measure to operation.

3. The importance of investigation by trained social workers to obtain exact early histories of cases was brought out.[1]

CASE NO. 9

*Psychopathic personality with emotional instability. Tertiary syphilis: gummata of skin, no evidence of central-nervous-system syphilis.*

*Male; no occupation; age twenty-five.*

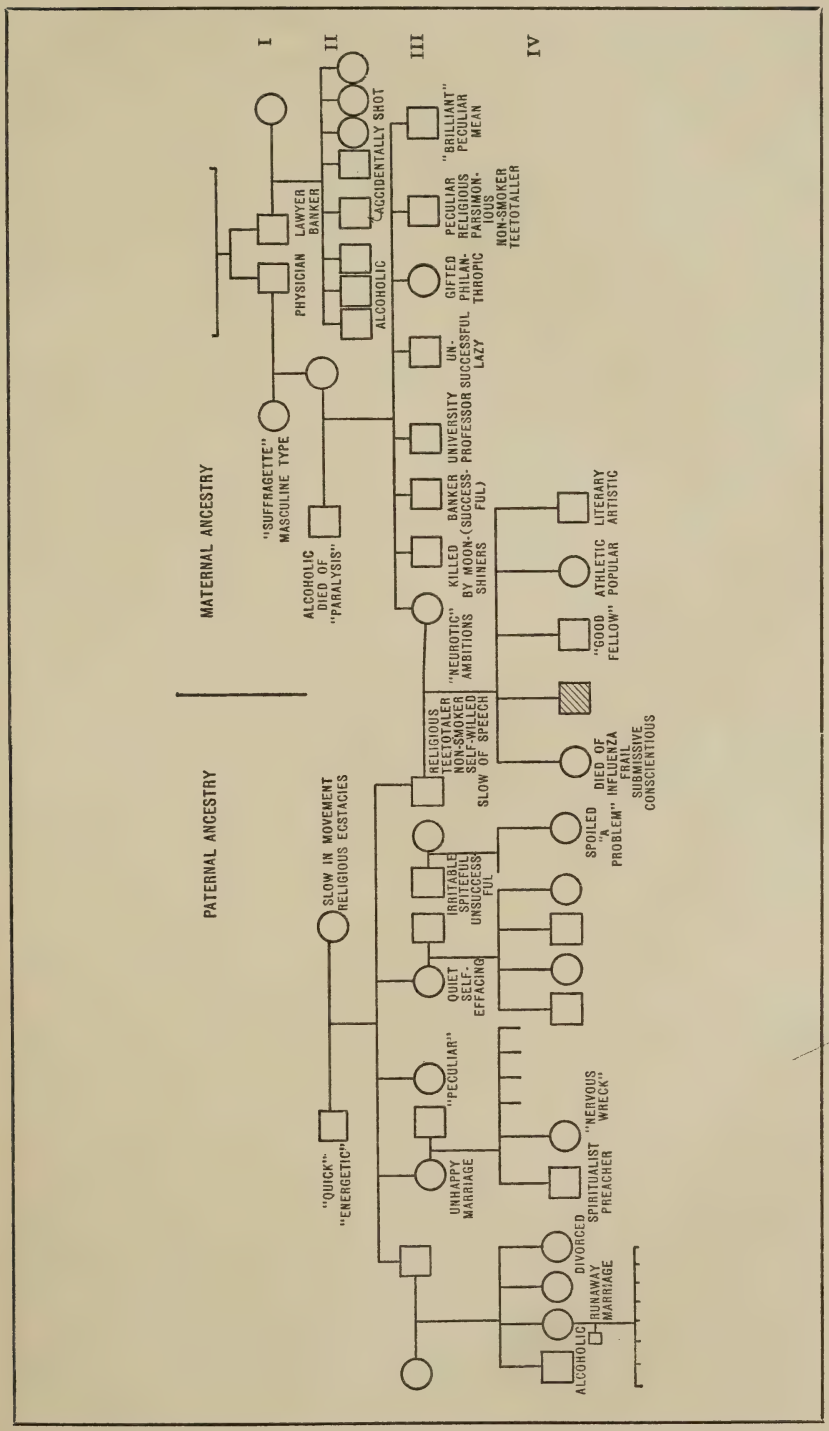
*Heredity*

See chart, page 383.

*Main facts*

Up to the age of seven, undernourished; enuresis nocturna. Educated very strictly as "model of the town" by mother and governess. Received much undeserved correction. Had a hard time in school; "could not concentrate"; failed in university. Held various jobs for short time. Since age of twenty, an abrupt emancipation from the restrictions of home; drinking, gambling, promiscuous homosexual and heterosexual relations. Afraid of mother at home. Gon-

[1] *Further course of Case No. 7:* On the fourth day in the hospital the patient began to refuse food; on the eighth day she became drowsy, refused all food and fluids, temperature rose to 104°, pulse 100, white blood cells about 3,400; a bright red rash broke out over chest, buttocks, and extremities, also to less extent on the face and back; the rash developed purpuric characteristics with small surface hemorrhages. Fluids were given in large amounts through a nasal tube. Two weeks after admission the rash disappeared, the temperature fell to 98.6—100°, the white blood cells rose to 8,700, and the responses of the patient became alert. During three weeks of observation the psychosis has not changed appreciably in type, and the weight and general physical condition are much the same as on admission.


I
II
III
IV
MATERNAL ANCESTRY
PATERNAL ANCESTRY
"SUFFRAGETTE" MASCULINE TYPE
PHYSICIAN
LAWYER BANKER
ALCOHOLIC DIED OF "PARALYSIS"
ALCOHOLIC
ACCIDENTALLY SHOT
GIFTED PHILAN-THROPIC
PECULIAR RELIGIOUS PARSIMON-IOUS NON-SMOKER TEETOTALLER
"BRILLIANT" PECULIAR MEAN
UN-SUCCESSFUL LAZY
UNIVERSITY PROFESSOR
BANKER (SUCCESS-FUL)
KILLED BY MOON-SHINERS
"NEUROTIC" AMBITIONS
LITERARY ARTISTIC
ATHLETIC POPULAR
"GOOD FELLOW"
SLOW IN MOVEMENT RELIGIOUS ECSTACIES
RELIGIOUS TEETOTALER NON-SMOKER SELF-WILLED SLOW OF SPEECH
DIED OF INFLUENZA FRAIL SUBMISSIVE CONSCIENTIOUS
SPOILED "A PROBLEM"
"QUICK" "ENERGETIC"
"PECULIAR"
IRRITABLE SPITEFUL UNSUCCESSFUL
QUIET SELF-EFFACING
UNHAPPY MARRIAGE
SPIRITUALIST PREACHER
"NERVOUS WRECK"
DIVORCED
RUNAWAY MARRIAGE
ALCOHOLIC

orrhea four years ago, treated. Syphilis later; treated for eighteen months with salvarsan. Chancroid two years ago, going on to suppurative adenitis of inguinal lymph glands. January 1923, depressed; took ten aspirin tablets with suicidal thought. February 1924, serious suicidal attempt with bichloride after being out drunk all night; treated in some hospital from two to three weeks; discharged with no inquiries about the suicidal incident on the part of the physicians.

Emotionally unstable, affectionate, dependent, much attached to his mother; daydreaming; intermittently religious in sentimental way; spasmodic activity both in work and play; careless of personal appearance.

Admitted to the Henry Phipps Psychiatric Clinic November 3, 1924. No definite behavior abnormalities. On physical examination showed two lesions on penis, considered from their appearance and reaction to treatment to be gummata. Hypertrophy of adenoid tissue. Albumin and casts in urine. History of transient polydypsia and polyuria, stopping after brief medication of pituitrin per os. Blood Wassermann ++++. Spinal fluid 3 cells per cmm.; positive globulin; negative Wassermann and negative gold curve.

At the same clinic another patient who also had a positive blood Wassermann on admission was shown by way of contrast. This case follows.

CASE NO. 10

*General paresis.*

*Female, laundry clerk, age fifty.*

*Heredity*

Mother died of apoplexy. Father drank. Sister is described as "highstrung".

*Pre-psychotic personality*

Learned well in school. From sixteen to eighteen worked in factory. Married at eighteen; one son living and well; no history of miscarriages. Husband drank, did not provide for her, was promiscuous. Separated after fifteen years of marriage. Husband committed suicide later. Patient

worked at grocery business and since spring of 1923 in laundry office. During last three or four years infatuated with a man of doubtful character, who did not care for her. The patient is described as having a quick temper; very outspoken; an affectionate mother; sociable. *Husband dissolute. No history of venereal infection.*

*Main facts of psychosis*

When son returned after ten weeks' trip, he found the patient sitting and staring. Her laundry account was $65 short. She prepared supper at 4:00 and served it cold at 6:00 P.M., breakfast at 4:30 in the morning. Borrowed money on furniture that belonged to her daughter-in-law; spent money recklessly for clothes; gave shovel and furnace rake away. In good spirits. Complained of horrible dreams. Appetite very good. Unaware of mistakes in housework. Used profane and vulgar language.

Admitted to the Henry Phipps Psychiatric Clinic December 13, 1924; at the time restless and resistant, wanting to go out through the locked door, but easily influenced to stay. Disheveled personal appearance. Mood: "fine", "always good", at times irritable. Distractible. Memory subjectively "grand". Gave impossible dates and time relations of personal and public events without realizing incongruities. Retained only 5 digits. Oriented. Calculation poor. Only complaint: headache in back of head. Extravagant plans for buying things. No insight. Very little slurring of speech. Leaves out letters and syllables in writing.

*General inefficiency without insight; careless with money; gross defects of memory, time appreciation, and judgment. Insomnia, but good appetite. Euphoria with irritability. Easily influenced. Writing defect.*

*Physical findings*

Complaint of dizziness. Right pupil absolutely fixed to light, left pupil sluggish. No response obtained with deep reflexes of lower extremities; biceps obtained, but sluggish in both arms. No disturbance of sensation. Negative Babinski and Romberg. Blood Wassermann ++++. Spinal fluid showed globulin ++++; Wassermann ++++ in all dilutions; gold curve: 5555555310.

*Argyll-Robertson pupil; diminished deep reflexes; syphilis in laboratory findings, including a typical "paretic" gold curve.*

In connection with these two cases there was discussion of:

1. The differential diagnosis of various types of neurosyphilis clinically and serologically.

2. The clinical experience that tertiary skin lesions of syphilis do not occur in general paresis. There may be a difference in the strain of treponema pallidum.

3. Recent therapeutic procedures in general paresis.

4. The value of a chart in showing the complete family history.

The students who attended the course were asked to formulate the main facts of the cases presented. Their response seems to encourage further attempts to develop the idea of this paper for the teaching of students with primarily medical interests.

# THE VETERANS' MEMORIAL HOSPITAL AT THE KINGS PARK STATE HOSPITAL, KINGS PARK, N. Y.

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THE first ex-service patient admitted to the Kings Park State Hospital, a case of dementia praecox, was admitted from one of the Long Island cantonments on August 24, 1917. Since then there has been a total of 617 first admissions to this hospital up to April 1, 1924. One hundred and twenty-four ex-service patients have been transferred to us from other hospitals, 52 have been transferred from us to other institutions, and 27 have died.

Of the 617 first admissions, 116 have been discharged from parole. Of these, 67 were regarded as having fully recovered and 49 as being improved or much improved. Sixty-four were on parole, and 302 were in the hospital on April 1, 1924.

The psychoses encountered among ex-service patients differ in no way from those observed in ordinary civil life. Only rarely does one meet with trends colored by war-service experiences. The following table showing the psychoses of the 617 first admissions to this hospital may prove of interest:

PSYCHOSES OF 617 FIRST-ADMISSION EX-SERVICE PATIENTS AT KINGS PARK STATE HOSPITAL

| | |
|---|---|
| Traumatic psychoses | 1 |
| Psychoses with cerebral arteriosclerosis | 2 |
| General paralysis | 28 |
| Psychoses with cerebral syphilis | 3 |
| Alcoholic psychoses | 15 |
| Psychoses due to drugs and other exogenous toxins | 2 |
| Psychoses with other somatic diseases | 5 |
| Manic-depressive psychoses | 53 |
| Dementia praecox | 416 |
| Paranoia and paranoid conditions | 3 |
| Epileptic psychoses | 10 |
| Psychoneuroses and neuroses | 19 |
| Psychoses with psychopathic personality | 31 |
| Psychoses with mental deficiency | 12 |
| Undiagnosed psychoses | 8 |
| Without psychoses | 9 |
| | 617 |

With the accumulation of mentally sick ex-service patients in state hospitals in large numbers, various interested organizations, believing that the mental breakdown of these men was due to "shell shock", urged that separate wards in the various hospitals be set aside exclusively for the use of ex-soldiers.

At Kings Park, one of the large wards and one of the day rooms in Group 3 were taken over as a separate unit for the veterans of the World War. In order to fill this unit, a certain number of patients were transferred from the various other metropolitan hospitals. The United States Veterans' Bureau was interested in the problem and early in 1921 assigned an educational director and a number of aids to assist the hospital in its rehabilitation work. The bureau pays the salaries of this personnel and supplies all the necessary equipment.

The bureau at first labored under the idea that the problem was chiefly one of vocational training, and it was only with considerable difficulty and after prolonged experience that they began to realize that the problem was a reëducational and not a vocational one. After this misconception had been ironed out, the work proceeded more smoothly. With the assistance of Mrs. Eleanor C. Slagle, director of occupational therapy in New York state hospitals, graded schedules of occupational therapy, industrial work, and habit training were devised and put into operation.

As the number of ex-service patients accumulated at Kings Park, Ward 55, situated in the same building as Ward 56 in Group 3, was taken over exclusively for the use of ex-service men. Two hundred and twenty-five patients are at present housed in this separate unit. The rest—for example, runaway, suicidal, and disturbed patients—are lodged in the other wards of the hospital, Wards 55 and 56 not being suitable for this class of patient.

A large occupational center has been developed in the basement of Ward 57, the pump house at the old power plant has been remodeled for classes in cement and carpentry work, and the old power house also has been remodeled into quarters for ex-service patients. In addition, a plot of land has been set aside for farm and garden purposes.

At the present time two habit-training classes, working on a twenty-four-hour schedule, are in operation. These classes have attracted considerable attention from visitors from all over the country. The rehabilitation schedule includes not only occupational therapy and habit training, but also physical culture, outdoor recreations, and various forms of amusement. The United States Veterans' Bureau has been of material assistance in carrying on this work. Other organizations also have aided in the rehabilitation program. The Knights of Columbus have detailed to the unit a welfare worker who assists in the physical-training program and distributes gifts from his organization. They also provide a vaudeville show once a month. The Stage Women's War Relief of New York City furnishes a vaudeville show every three weeks, and the various American Legion posts in the metropolitan district and on Long Island, with their ladies' auxiliaries, arrange entertainments from time to time and make frequent visits to the unit, bringing eatables, tobacco, athletic equipment, and the like.

Other interested organizations have contributed materially to the patients' comfort and amusement. The American Red Cross has assigned a unit, consisting of a director, a recreational aid, and a stenographer, to assist in welfare work. The Red Cross looks after the matter of securing the data necessary to insure compensation for the patients; furnishes the hospital with additional information, obtained from various sources, regarding the patients; assists in the supervision of ward recreational activities; and is responsible for keeping the record of any donations to the unit and for the distribution of gifts.

The social-service and after-care work are under the direction of one of our physicians, assisted by social workers. All ex-service patients are paroled for one year. Pre-parole visits are usually made in order to make sure that home conditions are satisfactory, and that the family attitude and coöperation are all that is to be desired. Our employment agent secures work for patients without relatives or friends. The social workers make frequent visits to the homes, and, if necessary, to the places of employment, in order to observe

the patients' progress. Each patient also reports at regular intervals at one of our out-patient and mental-hygiene clinics, either at the hospital or at our clinic at the Nassau County Hospital, Mineola, Long Island, or the Cumberland Street Hospital, Brooklyn. Notes on the patient's mental and physical condition and economic activities are made at each visit, advice is given, and medical treatment instituted, if this is indicated. If the patient's mental condition demands more prolonged supervision, he is paroled for a second year. In case the patient suffers a relapse at any time, he is returned to the hospital.

The following future developments in the line of after-care would seem to be indicated: First, the extension of occupational therapy into the homes of those patients who have not completely recovered and who are not self-supporting. This might be worked out by detailing an occupational aid to visit the homes of such patients and planning a simple schedule of daily work, with supervision of personal habits, play, and amusement. The visiting social worker could assist in the supervision of the patient and coöperate with the visiting occupational therapist. Medical supervision of the patient would be secured through visits by the patient to one of our out-patient clinics. The habits of work, personal hygiene, and the like, learned in the hospital would, therefore, be continued in the home, and no doubt in many instances further deterioration would be prevented and a return to the hospital delayed or avoided were such a program put into effect.

A second advance would be the establishment of workshops in the centers of population from which we draw most of our patients. This plan was well under way two years ago when the American Red Cross agreed to pay the rent of a building for one year. The New York office of the Veterans' Bureau and of the American Legion enthusiastically endorsed the plan. Unfortunately the Washington office of the Veterans' Bureau decided that they did not have sufficient funds to pay the salaries of the necessary reconstruction personnel. Such a center could function not only for unrecovered and non-self-supporting patients on parole, but would further be available for the supervision and treat-

ment of early mental-disease cases among ex-service men who have been referred to our mental-hygiene clinics for advice and treatment. Undoubtedly in many instances commitment would be rendered unnecessary or could be materially delayed through the operation of such a workshop. The work should, of course, be graded according to the capacities of the individual patients and accurate records of their progress should be kept. This clinic should be in charge of a trained psychiatrist and be furnished with the proper social-service, reëducational, and nursing personnel.

The ex-service patient offers a particularly inviting field for rehabilitation. Sixty-five per cent of these men receive compensation from the federal government; hence the economic question does not enter into the matter of parole as in the case of the majority of civilian patients. The relatives of ex-service patients are exceedingly anxious to coöperate with the hospital in the interests of the patient, both while he is in the institution and on parole. The ex-service patient has another advantage over the general run of civilian patients in the fact that he is usually a young man. The average age of our ex-service patients at the present time runs between twenty-seven and twenty-eight years.

The reëducational work carried on by the United States Veterans' Bureau under the supervision of our physicians has demonstrated what intensive work by a well paid and highly trained personnel can accomplish. The habit-training classes are limited to twenty patients each. The graded classes in occupational therapy were at first also limited to this number, but of late the Veterans' Bureau has been curtailing the number of aids and as a result the proportion of aids to patients has decreased. Space does not permit me to publish the various schedules in operation, but I will be pleased to forward copies to any interested individuals who may desire them. The extensive reëducational work carried on among the ex-service patients has set a standard that may be followed with profit throughout the civilian hospitals of the state. A considerable advance in this hospital has already been made among the civilian patients as a result of the successful efforts of the State Hospital Commission in securing additional items in the yearly budget for an educa-

tional director and a numbers of aids. Sufficient time has not elapsed, nor have the necessary careful scientific studies been made with reference to the reëducational work, to warrent the formation of opinions or the publication of statistics regarding the results of such a program.

Every effort is made to ascertain the patients' aptitudes and interests and to take advantage of them in our efforts at rehabilitation. The case history of each patient is carefully reviewed by the physician in charge of the unit, and after a conference with the educational director and a personal interview with the patients, a prescription is made out, assigning the patient to one of the various classes. This prescription includes hours of work, type of work, amount of physical exercise, recreations, and amusements. Notations are made each week as to the patient's progress. As soon as he has mastered an assigned task, he is promoted to a class where the work entails a higher degree of effort. As his conduct improves, he is transferred to a more desirable ward.

The state of New York, realizing its obligations to the veterans of the World War who are suffering from mental disease incident to war service, decided in 1923 to establish a modern psychiatric hospital in connection with the institution at Kings Park. The state has gone even further than this. Any ex-service patient whose psychosis developed subsequent to discharge from the various war units is now admitted to the ex-service unit at Kings Park on the same basis as compensable cases.

The 1923 legislature appropriated $1,500,000 to establish a Veterans' Memorial Hospital at this institution. The 1924 legislature appropriated an additional $1,500,000. At the present time there are approximately 1,000 ex-service patients cared for in the thirteen New York state hospitals. The new Memorial Hospital is planned to house 900 patients. It is the intention of the state to afford any ex-soldier the opportunity of a transfer to Kings Park when the unit is completed. Mr. Sullivan P. Jones, state architect, Mr. Walter B. Thomas, assistant state architect, their assistants, and the writer, have visited numerous hospitals and clinics, have studied the plans of various mental hospitals, have held

consultations with the American Legion committee on construction, with officers of The National Committee for Mental Hygiene, of the State Hospital Commission, and of the Committee on Construction for the New York State Hospitals, with Mr. T. B. Kidner, institutional secretary of the National Tuberculosis Association, with various general and special hospital superintendents, and with numerous other individuals and agencies, in order that the plans might embody the latest features for the care and rehabilitation of the mentally ill.

Until very recently the tendency in state-hospital construction has been chiefly in the direction of providing an additional number of beds to relieve the overcrowding; large wards and day rooms have been the rule. The individual needs of the patients have not been sufficiently considered, nor have the proper facilities been available for the segregation and classification of patients on wards, day rooms, and dining rooms. But little thought has been given to providing the necessary space for occupational therapy and other forms of reconstructive work.

The usual type of construction has been on the large-dormitory and day-room plan; but few single rooms and small dormitories have been provided. Large dining rooms are the rule. This system of construction has led to serious overcrowding of dormitories, day rooms, and dining rooms.

In the new unit the wards will be chiefly developed on the single-room and small-dormitory plan. The floor space in the single rooms will not permit two beds to be placed in one room. No ward in the unit will contain more than twenty-five beds. Sixty square feet of floor space will be available in each day room. In addition, on certain wards, a second small day room will be provided. The capacity of the dining room attached to the central kitchens will be limited to forty patients. Sixteen square feet of floor space have been allowed for each patient in the various dining rooms. Furthermore, on certain wards—*e.g.*, the medical, surgical, suicidal, and disturbed wards—small dining rooms with diet kitchens have been provided.

It will thus be seen that provisions for the proper segregation and classification of patients have been made through-

out the new Memorial Hospital. This plan marks a decided advance in medical treatment and will certainly tend to hasten recoveries and improvements and lead to the retardation of deterioration among our patients. The result should be an increase in the number of patients paroled to their homes. One of the great obstacles to more intensive rehabilitation work in the large mental hospitals has been the impossibility of properly classifying and segregating patients on account of the huge wards in such institutions. Among the wards housing civilian patients at the Kings Park State Hospital, we have dormitories and day rooms lodging as many as 185 deteriorated patients. Notwithstanding our efforts in establishing habit training and occupational-therapy classes on such wards, the structural handicaps are almost insurmountable, and only a small proportion of patients on these wards can be reached in the rehabilitation program. The small, well-arranged units in the new Veterans' Memorial Hospital will eliminate such deficiencies and permit the reconstruction work to be carried on in small groups.

The final plans for the new Veterans' Memorial Hospital include the following features:

*The utilization of the present building housing Wards* 55-58, *Group 3, with a capacity of 500 patients.* Wards 55 and 56 are at present lodging 225 ex-service patients. Wards 57 and 58, Group 3, now housing civilian patients, will be taken over, and the civilian patients will be transferred to other hospitals.

*The extension of the present Group-3 kitchen and dining rooms and the development of additional dining rooms for patients and nurses in the new medical and surgical hospital.* Modern equipment will be added to the present kitchen. No dining room for patients will accommodate more than forty patients. Nurses, attendants, and kitchen force will have separate dining rooms. Special attention will be paid to the serving of hot, appetizing food for both patients and employees. Companies that specialize in the preparation of food and the installation of kitchen and dining-room equipment have

been consulted with reference to these important features, so essential in the treatment of our patients.

*A diagnostic clinic.* We have felt for years the need of an up-to-date diagnostic clinic in state institutions for the mentally ill. Modern medicine demands that we examine every patient for any evidence of physical defect and that the same be remedied, if possible. The personnel of the new clinic will include physicians, stenographers, and a psychologist. It will be provided with X-ray, dental, genito-urinary, gastro-intestinal, orthopedic, eye, ear, nose, and throat, internal-medicine, and physiotherapy facilities; with an operating room, a clinical laboratory, clerical offices, and various other units. On the third-story center will be located a hospital for employees. This is a new development in state hospitals. The various units will be equipped with the latest appliances for the diagnosis and treatment of any of the more common physical diseases.

*A medical and surgical hospital and auxiliary units.* Connected with and adjoining the diagnostic clinic will be erected two-story wings, divided into eight wards housing twenty patients each. These wards will lodge the medical, surgical, disturbed, and quiet suicidal patients, and certain ambulatory patients who need special treatment. Special attention will be given to bed suicidal patients who require intensive nursing and proper feeding. The small units afford a high degree of flexibility and are so arranged that two wards can be thrown into one unit if necessary. A large number of single rooms have been provided on each ward, a new feature in state-hospital construction.

Two tubs for continuous baths will be installed in the ward for disturbed suicidal patients. A large hydrotherapeutic unit for general use will be installed in one wing of the basement, and there will be ample space for occupational therapy in the opposite wing. Enclosed corridors connect the ward buildings with the kitchen and dining rooms in the rear. Diet kitchens and small dining rooms have been provided in the medical and surgical wards and in the ward lodging suicidal patients

who require bed care. Large day rooms leading to screened verandas are planned for all wards. Other improvements in facilities could be mentioned if space were available.

*Two convalescent cottages.* Three and one-quarter acres have been purchased on the bluff overlooking Long Island Sound. On this property will be erected two convalescent cottages of a capacity of twenty-five patients each. Each patient will be lodged in a single room. Ample day-room space and verandas have been provided. A separate kitchen and two dining rooms, each for twenty-five patients, will serve this unit. Every effort will be made to make the surroundings as homelike as possible, and each patient will be given the fullest liberty consistent with his condition. Voluntary patients will be admitted directly to these cottages without having to go through the ordeal of a stay on the reception service, where a miscellaneous class of newly admitted patients are lodged.

*A continued-treatment building for disturbed patients.* This structure will be two stories in height and will consist of a central administrative unit and two wings containing four twenty-five-bed wards. Practically every patient will be lodged in a single room, though a few small dormitories have been provided. At the end of one of the wings, a continuous-bath unit, consisting of a room with four tubs, a rest room, and a dressing room, will be installed on the first and second stories. A small diet kitchen and dining room will be available for those patients who are too disturbed to go to the ward dining rooms connected with the kitchen. A modern hydrotherapeutic unit for treatment purposes will also be installed on one of the wards. Two large rooms for occupational-therapy purposes will be located in the basement wings.

*A continued-treatment building for runaway, epileptic, and miscellaneous groups of patients.* This structure also will be two stories in height and will consist of a central administrative building and two wings containing four twenty-five-bed wards. The wards will be

arranged mostly on single-room plans with a few small dormitories. In the basement wings rooms of ample size will be available for therapy purposes.

All the wards in these two continued-treatment buildings will have large day rooms with adjoining screened verandas, sanitary drinking fountains, clothes rooms for state and private clothing, linen closets, dressing rooms and spray-bath units, special single-room and dormitory lighting, steel-frame casement windows, and hinged window guards. Plumbing and electric wiring will be carried up in pipe galleries. Toilets will vary according to the type of patient on each ward. Hardware will be of dull bronze. Floors will be concrete throughout, with battleship linoleum in corridors, day rooms, single rooms, small dormitories, ward dining rooms, dressing rooms, and so forth.

*A kitchen and dining rooms for patients in the two continued-treatment buildings.* A modern kitchen with small dining rooms, for the proper segregation of patients and various grades of employees, will be erected in the rear of these two buildings. Enclosed corridors running from the wings of each building will lead to the dining rooms.

*An isolation pavilion for patients and employees who develop contagious diseases.* This unit will house ten patients and four employees and will be developed mainly on the single-room plan, with ample floor space, so that it can accommodate nearly twice that number if an emergency arises. The unit will have a physician's office, a kitchen, a serving room, a small dining room for nurses, apparatus for sterilizing dishes, and the usual utility rooms.

In order that the medical staff and the nursing and rehabilitation forces may be lodged in suitable quarters, careful attention has been given in the preparation of plans for properly housing these personal elements. The following structures will be erected:

*Two twenty-five-room cottages for occupational-therapy aids, stenographers, and clerical force, and three*

*twenty-five-room cottages for nurses and attendants.* Each employee will occupy a single room, equipped with a lavatory and a clothes closet. Large reception rooms have been provided in each cottage. In the basement of the women's cottages there will be installed two laundry tubs, electric connections for ironing boards, and a small diet kitchen. Small diet kitchens and electric outlets for attaching electric irons to press clothes will be provided in the men's cottages. Ample storeroom space will be available for storing trunks.

*A kitchen with two dining rooms of a capacity of twenty-five employees each.* This kitchen and dining-room unit will serve the rehabilitation and clerical forces. The nurses and attendants will take their meals in the special dining rooms attached to the ward kitchens.

*Administrative building.* This structure will be two stories in height and will be erected at the entrance to the veterans' unit of the hospital. It will contain the offices of the medical and social services, of the stenographers, of the clerical force, and of the Red Cross, Veterans' Bureau, American Legion, and Knights of Columbus, a circulating library, an information bureau, telephone offices, conference rooms, record rooms, and a large exhibition room in which to display the work of the ex-service men.

*An assembly hall and chapel.* This building, available for both ex-service and civilian patients, will seat 1,500. Studies are being made of various structures in use for similar purposes.

*A recreation ground.* A recreation ground with a baseball and a football field, a running track, a grandstand, and so forth, will be developed on the site of the old reservoirs, in close proximity to the drill hall.

*A drill hall and gymnasium.* It is probable that a unit of this sort will be developed, but plans have not been completely worked out.

*An occupational-therapy center.* Plans are being formulated for an occupational-therapy center and workshops in addition to the facilities already mentioned and the space available at the present time.

We have mentioned in detail the plans for the structures and equipment of the new hospital. There is, however, one more important element to be considered, and that is the medical supervision of the unit. In order to carry on the work properly we should have one physician for each one hundred patients, one occupational aid for every thirty patients, and nurses and attendants in the proportion of one to every eight patients. The care of the insane is above all a medical problem. Rehabilitation should be planned on the basis of psychotherapeutic approach, the individual needs of each patient being carefully considered. Physicians should have a proper understanding of the principles and application of occupational therapy and other forms of reconstruction work. My observations lead me to the belief that they need instruction along these lines as do also the various rehabilitation aids. At the present time the Veterans' Bureau has difficulty in securing the proper number of well-trained aids, although the salaries paid by this organization exceed that paid by the hospital. If we are to secure such aids, it seems as if we must train them ourselves and pay them a satisfactory salary in order to hold them. Ample provisions have been made in the new unit for the housing of medical officers and the reconstruction and nursing personnel. Upon the completion of the unit, the problem will be to secure a proper personnel to carry on the work. If the state is eventually to assume charge of the reconstruction work, as seems likely, it must increase the salaries of medical officers, rehabilitation personnel, and nursing force. In addition, a competent, interested, and well-paid visiting staff of specialists must be secured. No physician with a profitable practice will spend his time visiting a hospital located forty-five miles from New York without adequate remuneration. Younger visiting physicians remain with us only until the time when their practice attains such proportions that it will not pay them to spend their time visiting the hospital. Institutions located in centers of population have a great advantage over outlying institutions in this respect. Realizing this fact, we have tried for some years past to develop group medicine among the medical staff of the hospital, but have been greatly handicapped by constant

changes in our medical personnel. The new hospital, with its diagnostic clinic and well-paid visiting staff, should attract physicians of a higher grade and a better training than has hitherto been the case, and should induce them to remain permanently in the service. There is considerable opportunity for medical work in our state hospitals outside the field of pure psychiatry.

We trust that the Veterans' Memorial Hospital, with its structural opportunities for the proper segregation and classification of patients, its modern diagnostic clinic and hospital and small ward units, its carefully worked out program of occupational therapy, reconstruction, amusement, recreation, habit training, and after care, will be able to be of such benefit to our patients that an increased number of them will be restored to their homes. There is no question but that the work of the new unit will ultimately tend to increase the standard of care among civilian patients.

Great credit is due to Mr. Sullivan P. Jones, state architect, Mr. Walter B. Thomas, assistant state architect, their assistants, and all the various individuals and organizations who have assisted in the development of the plans for the new Veterans' Memorial Hospital.

# ABSTRACTS

PRESIDENTIAL ADDRESS. By Thomas W. Salmon, M.D. *The American Journal of Psychiatry,* 4:1–11, July, 1924.

In this address, delivered before the Eightieth Annual Meeting of the American Psychiatric Association, Dr. Salmon discusses the relationship, past and present, between psychiatry and general medicine.

In the early days of the association, this relationship offered no special problem. The medical profession as a whole was almost as much interested in the first efforts to improve the care of the insane as were those of its members who were engaged in the practice of psychiatry, and the first great advances in this field were largely due to the coöperation of other medical organizations with the American Psychiatric Association.

The break between psychiatry and general medicine began with the arrival of a golden age in medical science, when momentous discoveries in the fields of medicine and surgery opened up a host of new possibilities in the prevention and treatment of organic diseases. These discoveries, however, shed no light upon the essential nature of mental disorders and so had little bearing upon the problems of psychiatry. As a result the interest of medical men and of students of medicine turned more and more away from psychiatry to the specialties in which such brilliant advances were being made. At the same time the policy of caring for mental patients in state institutions instead of in their own homes or in hospitals in their own communities tended still further to the isolation of psychiatry. This policy meant better care for mental patients, but it meant also that they and the physicians who treated them were removed from all contact with other physicians and with the teachers of medicine.

The result of this divorce between the interests of general medicine and those of psychiatry was unfortunate for both. Psychiatrists lost the support of the medical profession as a whole in the movement for more adequate public provision for the insane, for more enlightened legislation, and for the hospitalization of asylums. And in scientific thought there grew up what Dr. Adolf Meyer has called "a deadly parallelism between mind and body", as if these two existed independently and could be studied and treated as distinct and separate entities.

Fortunately, just when the gulf seemed widest, certain new developments in health work and certain new scientific attitudes began to operate to reëstablish the contact between psychiatry and general medicine. The great movement toward preventive medicine gave psychiatrists a chance which they were willing and eager to take to do constructive work in mental hygiene, and their participation in various public-health enterprises was warmly welcomed by both national and local health organizations. Social workers, too, began to appreciate the psychiatric point of view as an aid to the understanding of human behavior. And the establishment of psychiatric hospitals, wards, and clinics in connection with teaching hospitals not only gave psychiatry a more important place in medical education, but helped to bring psychiatrists into more vital relationship with workers in other branches of medicine through daily association in clinical work and scientific investigation.

These influences were already at work to break down the isolation of psychiatry when the war brought about new opportunities for psychiatrists to meet other physicians on a common ground. In France they worked together over the human wreckage from the battle fields, in which mental casualties played so large a part; they were associated in the examination of the draft army and in the disposition of the permanently disabled. After the war many of these new relationships were continued, as in the work of the Veterans' Bureau and in government mental hospitals and state hospitals, a number of which have appointed internists on their resident staffs.

But these associations and the fellowship and mutual respect that have grown out of them would be more or less superficial were it not for the fact that psychiatry has a definite contribution to make to general medical progress. "During nearly all of our own generation, the psychiatrist in the presence of a disordered human mind has been asking the question, 'What is it that the individual is trying to do?' The student of psychopathology sees fascinating problems in adaptation in human beings seeking to achieve through the medium of a psychosis or a psychoneurosis those objectives which Fate, limitations in their constitutional endowment, or the strictures of their environment deny them. It is with this question in his mind that he studies the difficulties encountered by the soldier seeking safety without compromise with duty, the child trying to emancipate himself emotionally while yet economically dependent upon his parents, the person in quest of 'pleasure without sin', or the one who must both hate and love the same individual. In the disease mani-

festations that disclose such battles being waged within the personality, he sees the *whole organism employed,* whether the mechanism chiefly concerned is that composed of the pathways of the nervous system, the digestive apparatus, or the circulatory system. As Dr. White says, psychiatry is the specialty that was the first to approach at all adequately the study of the individual as a whole, and the point of view, methods, and formulations that have grown out of this approach are its chief contribution to general medicine."

On the other hand, psychiatry needs the coöperation of the other medical specialties in the solution of many of its problems. For example, such investigations as that of the relation of focal infections to mental disorders cannot be adequately carried on without the aid of internal medicine, bacteriology, and surgery. The psychiatrist working with children needs the knowledge and experience of the pediatrician. And the work of the endocrinologist has already led to a better understanding of many affective disorders.

Many influences are thus at work to break down the barrier between psychiatry and general medicine. Others have still to be developed, and of these the most important is the provision of better opportunities for clinical instruction in psychiatry in the medical schools. "The philanthropic foundations that have done so much for medical education could do more to add to the usefulness of the physicians of the next generation by aiding in the establishment of these facilities than in any other way. In his presidential address last year, Dr. Ray Lyman Wilbur, president of the American Medical Association, said, 'The human mind, the human will, and human personality will be as important for the medical student of to-day when he comes to full practice as typhoid fever, small-pox, and cholera have been for the physicians of the past. Moral and spiritual qualities play as large a part as do the more physical of the biologic processes.' Medical students can never obtain the knowledge and point of view that will enable them to understand these processes in human life until they study, *under the same conditions as they study other phenomena of disease,* the disturbances of mental function that it is the province of the psychiatric hospital to treat."

The state hospital and the private sanitarium can aid to a certain extent in this task of improving medical training in psychiatry, but their great opportunity lies in the field of popular education. "In many instances the state hospital is actually the center of scientific medical interest in the district that it serves. I know of one", Dr. Salmon states, "that performs the public-health laboratory examinations as well as those for private patients of all the physicians in the

counties from which it receives patients. One meeting a year of each county medical association is held at the hospital. Notices of necropsies and important surgical operations are sent by telephone to all the physicians near enough to attend them, and when a new patient is admitted, a summary of the case, as presented at staff conference, and of the findings is sent to each of the physicians who signed the commitment papers or were interested in the patient before admission. Physicians who live in the counties from which that hospital receives its patients would not know what we mean by the 'isolation of psychiatry' that we have been discussing."

The renewal of contact between psychiatry and general medicine means a gain to both in the breadth of their scientific approach to the problems of human illness, but in the end the greatest beneficiary will be the patient himself. "He will see his organic disorders, whether of the central nervous system or other mechanisms of the body, studied and treated with due regard not only to their functional aspects, but to function as *modified by mind.* He will see his disorders of function studied and treated with due regard to the complex structures that have been developed to permit them to be performed. When this occurs, the psychiatrist and the practitioner of general medicine will be united in a common scientific point of view as well as in the common humanitarian enterprise of curing disease and relieving human suffering."

Psychiatry and Public Health. By Lewellys F. Barker, M.D. *The American Journal of Psychiatry,* 4:13–27, July, 1924.

Dr. Barker defines the aim of public health broadly as the production and maintenance of healthy human organisms—that is, organisms whose powers of adaptation are equal to the demands made upon them and the opportunities offered them by the circumstances of their lives. The old conception of a public-health program as the collection of vital statistics, the prevention of communicable diseases, the establishment of more hygienic physical conditions, and so forth, must be expanded to include "such supervision and rational control of all the conditions of human life as will contribute to the increase of human happiness and efficiency". The aim of public health is thus the same as that of psychiatry, which is concerned not only with the recognition and treatment of disorders of the powers of adjustment, but with searching out the causes of human maladaptations and using the knowledge gained in preventive work.

The great task of psychiatry at the present time is to achieve a clearer insight into the conditions upon which sane thinking, whole-

some feeling, and competent action depend. Research into these conditions should follow the lines laid down by modern biology, which has demonstrated the influence of heredity on the one hand and environment on the other, not only upon the structure, but upon the behavior of organisms. The organism as it exists at any particular stage of its development, the so-called phenotype, is the product of its inheritance rudiments plus the influences of its environment. It is obvious, therefore, that in searching for the cause of either physical or psychical disorders, the attempt must be made to determine which of them are due to inheritance and which to environment.

Recently emphasis has been laid upon the relation of external habitus to type of character and disposition to disease. Thus it is said that the "habitus asthenicus" is more closely related to the "schizoid" character and is more often associated with psychoses of the schizophrenic type, while the "habitus pyknicus" or habitus apoplecticus is more closely related to the "syntone" character. It has long been known that persons of asthenic habitus are especially predisposed to tuberculosis and persons of apoplectic habitus to cardiovascular-renal disease, and it is not unreasonable to suppose that a similar relation exists between this or that habitus and certain forms of mental disorder. Such a conception of the relation of habitus to disposition is not out of accord with what we know of racial tendencies to personality types. The Nordic race, for example, which has a general tendency to asthenic habitus, is said to be characterologically schizoid rather than syntone, and the Alpine race, whose tendency is to pyknic habitus, to be syntone rather than schizoid.

Attempts have lately been made to explain heredo-familial tendencies to mental diseases by Mendelian principles. There is, for instance, a good deal of evidence to show that the tendency to manic-depressive psychoses depends upon a dominant Mendelian factor and the tendency to schizophrenic psychoses upon a recessive factor. It is, however, very difficult to apply Mendelian laws to human beings, owing to the long duration of each generation, the small number of children per family, and the impracticability of making large-scale crossing experiments. While the laws of Mendelian heredity probably hold for human beings as for other living organisms, until more light has been thrown upon the subject of human inheritance care must be taken not to assume a knowledge that is not yet possessed as a basis for public-health programs.

Of environmental influences that may play a part in the production of mental disorders, the more important are trauma, poisonings,

infections, faulty hygiene, bad education, and emotional shocks and strains incident to family, social, and economic life. As a rule, the earlier the injury to the organism, the more harmful it is to the organism.

The psychiatrist who studies a wide range of mental disorders, however, soon learns the impossibility of accounting for a psychopathy by any one cause. In any case, a whole series of conditions, major and minor, constitutional and environmental, will be found to have played a part. The modern tendency in psychiatry is to analyze the psychoses and psychoneuroses more minutely from this point of view, and to base etiological diagnosis upon a thorough study of constitution and disposition on the one hand, and of exopathic influences on the other.

But important as it is to add to the store of psychiatric knowledge, it is equally important to make full use of the knowledge already available in the service of public health, and in spite of much excellent work in this direction, it must be admitted that far less thought and effort have been devoted to the "mental health" of the people than to their physical health. The World War, however, with its revelation of the extraordinary prevalence of mental defects and disorders in our population, aroused the attention, not only of the medical and military authorities, but of the public at large, and it is safe to say that from now on, psychiatry and psychology will play an ever-increasing part in public-health campaigns and eugenic and euthenic programs.

In a country like the United States, which contains perhaps the greatest admixture of races that the world has ever known, eugenic programs are of special importance if mentally superior stocks are not to be supplanted by stocks that are mentally inferior. "As race hygienists with biological training and understanding have made clear to us, *the decay of a people composed of a mixture of superior and inferior hereditary stocks can be combated either by diminishing the fertility of those who are below average capacity or by increasing the fertility of those who are above average capacity.* Of the two methods, the latter is probably of far greater importance than the former, but the task of devising methods by which the capable can be induced to become adequately fertile is not an easy one. . . . Possibly social engineers, interested in birth policies, will devise methods that will favor a heightening of fertility among those with superior inborn qualities and thus contribute to the preservation of superior germ plasms for the coming generations. Certainly all projected legislation that deals with immigration and with taxation should be closely scrutinized for its possible eugenic or dysgenic influence."

Dr. Barker states that he has laid special emphasis upon the importance of eugenics because most of the movements for physical and mental hygiene have been in the direction of euthenics or improvement of the environment. Certainly euthenic measures are exceedingly important and it is much easier to secure popular approval and support for them. The work that is being done in prenatal hygiene and in the hygiene of the pre-school and school periods is of the greatest value in the safeguarding of mental health. Education, however, is still too exclusively devoted to the intellect to the neglect of the emotions and the will. There is need also for an extension of the work of vocational guidance so that each person may be directed into work suited to his inborn capacities.

Mental hygiene is being directly furthered also by much that is being done in the field of physical hygiene, such as the campaign against syphilis and against infectious diseases in general, all of which are likely to have injurious effects upon the brain.

Mental hygiene has rich possibilities for usefulness in public-health work, but the realization of them calls for the hearty coöperation of the psychiatrist with public-health officials, with the medical profession, with health agencies, and with educators, legislators, social workers, and industrialists.

# BOOK REVIEWS

SCIENTIFIC METHOD: AN INQUIRY INTO THE CHARACTER AND VALIDITY OF SCIENTIFIC LAWS. By A. D. Ritchie. New York: Harcourt, Brace, and Company, 1923. 204 p.

The task that this author has set himself is even more ambitious, he avers, than an attempt to survey the present state of scientific theories. It is the task of stating "what kind of reasons there can be for holding any scientific theories whatever, whether they are those of Pythagoras, of Newton, or of Einstein". The attempt to fulfil this task must fail, he adds, "but the failure will be honorable if it brings home to any reader the interest and importance of the problems considered, and breeds in him a distrust of cheap and easy solutions".

But are the problems of interest, much less of importance, unless one already happens to think they are? And is *l'art de s'égarer avec méthode,* to borrow that punning definition of philosophy, any more to be instilled into one who does not already possess it than any other art? The rules that underlie scientific thinking may admittedly be of no use to a non-scientific individual and unnecessary to a scientist; they are, nevertheless, in themselves of interest to the philosopher and can legitimately be regarded, like philosophy in general, as an intellectual pastime from which persons so constituted may derive harmless amusement. But a person not so constituted will find neither profit nor amusement in the comtemplation of problems of this sort, and accordingly neither this book on scientific method nor any other work of similar subject can succeed in bringing home to him the interest or importance of the questions dealt with, or, if he does not already possess a distrust of cheap and easy solutions, can breed in him that distrust. This somewhat unnecessary profession of facultative determinism, not to say fatalism, apart—and assuming that the author's statement is but one of those rhetorical flourishes that must occasionally adorn a preface, so that he does not actually deserve to be stigmatized as one who regards his book as having a mission to perform—what is the value of the present work to one who does possess an interest in the rules of the game *qua* rules, who wants to see the epistemological wheels go around, who, already possessing a distrust of cheap and easy solutions, takes pleasure in the distinction between this type of solution and its (relative) opposite?

To the present reviewer the value of Mr. Ritchie's book consists principally in this—that it serves as the best general introduction to the subject of scientific method available. Moreover, it is an introduction in the fullest sense of that term in that it makes the reader's hypothetically first encounter with the subject as pleasant as possible *(O si sic omnes!)* instead of the reverse. Much as we sometimes disguise the bitterness of quinine with yerba santa, so in this work the ingestion of fairly large masses of seemingly indigestible mathematical and other abstract considerations is much facilitated by a freshly flowing, not to say actually sprightly, diction which makes the reading a pleasure almost inconsistent with the attention that the train of reasoning pursued often demands. At all events, after what we have been taught about fitting the manner to the matter, it is both refreshing and stimulating to find this alleged dictum of the pundits so successfully and pleasingly flouted; and it would be mere pedantry, perhaps, to remark that in the onrush of the periods, clauses sometimes do duty for sentences, numerous commas are dropped by the wayside, and an occasional indefinite pronoun is left without visible means of support.

Certain other small blemishes, however, involve the thought expressed; and these, although of perhaps relatively little importance in themselves, have a rather natural tendency to throw doubt, perhaps quite undeserved, upon the author's soundness with regard to other points. In discussing, for example, the objectiveness of the pink rats hallucinated by (what the author calls) a "dipsomaniac", he imagines that unfortunate as appealing to the argument that objective things are those perceptible by all observers who are *properly situated.* In brief, just as the white corpuscles of the blood are perceptible only to one who is able to look through a microscope at a suitably prepared specimen of blood, so pink rats are perceptible only to one who has drunk the proper quantity of whisky. And he adds, "This argument is not easy to refute; in fact I think the reasoning is perfectly sound." As a matter of fact, the fallacy involved should be reasonably obvious and the argument correspondingly easy to refute.

Again, the author devotes several pages in his best vein to holding up to scorn the principle of the uniformity of nature, of which he remarks that "as it has a pleasantly Victorian flavor about it, I am inclined to conjecture that it made its début at the Exhibition of 1851, when it was awarded a Silver Medal"—whereby the reader is led to the conjecture that a certain irony, not to say flippancy, marks the author's attitude toward the offending principle. Now, unless

the reviewer is utterly mistaken, all that the principle of uniformity means is that what has happened will, in the same circumstances, happen again—a not very subversive induction, even though, in the author's opinion, "too general to be useful".

The nervous, almost breathless, style of writing that gives the book such added piquancy contributes, however, to a rather irritating habit that the writer has of leaving questions in mid air, so to speak—of neglecting what a golfer might call the follow-through—so that many of his statements carry less conviction than they might.

To give but one instance out of a number, the author discusses very clearly the fallacy of the statement that the degree of confidence that is to be placed in a law is measured by the number of favorable instances; for many laws that are asserted with the utmost confidence—for example, the value of the gravitational constant G—are based upon a very minute number of observations, whereas innumerable observations of black crows have been made without our having any very extreme confidence in the generalization that all crows are black, because it is only by repeated observation that we can eliminate the possibility that white crows have escaped notice. "These two cases, that of the blackness of crows and the value of G, illustrate one point very well: what our confidence in the value of physical measurements is based on. In the first place, we believe that the properties of bodies that we observe in physical measurement are such as lie at the root of things. . . . We do not feel that the blackness of crows is something at all fundamental in the character of crows." Why? If that is our feeling, there must be some reason for it, and, in this case at least, it would be rather a simple matter to give the reason, or at any rate one of several possible reasons. On the other hand, it is difficult to believe that our confidence in the value of physical measurements is as absolute as the author implies it to be, even though it be true that those properties of bodies which we observe in physical measurement are such as, in our belief, lie at the root of things. The Hippocratic facies, for example, is a thing that we recognize with a confidence such as would in nowise be enhanced by physical measurements, and our certainty of the presence or absence of "musicality" in an individual loses nothing by the fact that we are so far from being able to measure "musicality" that we do not even know what it is. But we are, perhaps, neglecting the forest for the trees.

Chapter I is introductory. The method of science is referred to as the one thing permanent about science, the unity and continuity of which is the very essence of science. Hence a definition of science

must be one of science as a process rather than as a collection of results, and science is accordingly defined as the process of exploring the external world. On the other hand, a classification of sciences as they exist at present must be based on results, for a science considered from this point of view is essentially a system of laws and theories; therefore, a classification of sciences is simply an ordered statement of the kinds of laws that have been discovered. The author places these in six groups, of which the first and second (laws of number—arithmetic—and laws of space and time—geometry) are seldom included under the head of science. The third consists of the laws of motion—mechanics. The fourth (special physical laws of objects—physics apart from mechanics, chemistry, and all allied and subsidiary sciences) groups together nearly all the sciences usually distinguished under separate heads. The fifth (other laws of objects, if any) has no present existence, and the sixth includes the laws of mind—psychology.

Chapter II deals with the external world, the study of which constitutes the work of science; and anything that can by any possibility be an object of experience the author would admit as part of the external world, although earlier he states that there are many classes of events that lie outside the scope of ordinary scientific investigation, "such as dreams and illusions", because scientific procedure can deal only with what is common to all men (Poincaré).

From the subsequent discussion one may infer that hallucinations rather than illusions are meant; that is, dream objects and hallucinated objects have no objective existence and are not common to all men. But this scarcely seems equivalent to saying that dreams, which are common to all men, and hallucinations, which are not, lie outside the scope of ordinary scientific investigation, unless the word "ordinary" saves the day. The author, following Whitehead, divides experiential entities into two groups—events and objects. The latter group he subdivides into four groups—sense objects, which are "what" is directly perceived and recognized and given names such as "red" and "hard"; perceptual objects, the "things" of daily life; scientific objects, conceived as composing the perceptual objects—molecules, atoms, electrons, and the like; percipient objects, corresponding to the "observer".

This leads to the process of classification of objects, either by analysis and abstraction (the classes red and green and blue, for example, which give in turn by further abstraction the class of colors), or synthetically, fresh types of universals being arrived at through the experience that certain colors and certain shapes, for

example, are associated, thus making possible the construction of a class of things whose characteristic it is to show this relation of shapes and colors.

The general aim of a "natural" system of classification is not merely to make a catalogue of things under convenient heads for purposes of recognition (as in the Linnæan system in botany), but so to choose the classes that general laws shall be found to relate them; and this the author believes is accomplished only by the method of trial and error. If such general laws are found, the system is considered to be successful; if not, it is considered unsuccessful, and another one is substituted for it.

Chapter III deals with natural laws, a natural law being defined as "essentially a general correlation between classes; the allegation of a law is the allegation of a complete correlation in the case of some particular class, so that we can say every A has the property or relation B. If we find any A that is not B, we can say either that it is not really an A, or that what all A's have in common is not B, but something rather like it." This chapter, the author says in his preface, represents what he had to say about induction before reading Keynes' *Treatise on Probability;* Chapter IV, entitled *The Validity of Laws,* is the result of reading the *Treatise* and is, in fact, largely a commentary upon and exposition of portions of that work.

Chapter V is concerned with measurement, which, in the words of the author, is on the one hand an extension of the process of classification and on the other is a process of induction; and he goes so far as to say that since, as is obvious, we require for any advance in scientific knowledge both the proper apparatus of ideas and the necessary methods of observation, the most valuable combination of theory and experiment is that involved in the process of measurement. One might mention, on the other hand, that the great bulk of quantitative facts have not been brought under any theoretical system and remain empirical only. Spatial measurements are discussed at some length, the measurement of time intervals rather briefly. A final paragraph is given to the measurement of intensities, or potentials, which differ from measurements of quantities in that in the former we cannot observe equality and inequality—we can observe that one temperature is higher than another, but we cannot say by observation what are equal increments of temperature, an increment of temperature being not itself a temperature as an increment of weight is a weight.

Chapter VI is entitled *Theories*. After mentioning that the word *fact* in common parlance covers both events (Socrates died in 399 B.C.) and laws (benzene boils at 80° C), and stating that the latter are called facts because they are capable of immediate verification by experience, by direct observation with the intervention of the minimum amount of theory beyond that involved in the construction of the instruments of observation, the author disclaims the necessity for distinguishing precisely between law, theory, and hypothesis. "Laws are supposed to be generalizations of high probability and hypotheses of lower probability; theories occupy an intermediate portion, with the additional assumption that they are more general than laws."

After a brief discussion of the question of scientific fictions, toward the use of which the author is rather unsympathetic and which he sums up by saying that the "mythological school" have usually made more discoveries than the strict rationalists, but that the rationalist criticism has cleared away absurdities, the remainder of the chapter is taken up with—what surely can be found in no other work on scientific method—the mechanistic versus the vitalistic interpretation of biological phenomena. This naturally introduces the question of teleology, which is well if briefly discussed. Some interesting remarks on the conception of "normality", with the snares and pitfalls that beset its introduction into scientific discussion, make up the larger part of the conclusion.

On the whole, then, this volume provides an eminently readable, entertaining, and even witty account of a subject that will hardly be found so dealt with elsewhere and that, indeed, lends itself with some difficulty to such treatment. That a certain sense of disappointment now and then overtakes the reader is in some measure due to the fact that the book has the defects of its qualities. One wishes that certain inquiries might have been pushed a little further, even at the expense of other matter, so that an impression of superficiality not altogether deserved might have been more successfully avoided—an impression that the author has not always fully digested and made his own the work of the four recent thinkers, Moore, Russell, Whitehead, and Broad, to whom he says he owes his very awareness of the existence of the problems dealt with. This is a criticism to which one in Mr. Ritchie's apparent relation to his subject lays himself open in choosing to speak, delightfully though he often does

it, in *propria persona*—a criticism that in Westaway's well-known volume, for example (a conspectus of the contributions of Locke, Hume, Mill, and others, with little or no intrusion of the writer's own identity) is avoided, but at the cost of much that makes Mr. Ritchie's book so good as to cause regret that it is not just a little better.

H. A. Bunker, Jr.

*New York Psychiatric Institute.*

Social Discovery. By Edward C. Lindeman. New York: Republic Publishing Company, 1924. 375 p.

The purpose of this book is a good one. The author has observed, as indeed all of us have, the poverty of the social sciences in the matter of dependable results. He comes to the conclusion that the difficulty lies in the fact that we lack an adequate method of investigation. It is to supply this need that the book has been written. It falls into two relatively distinct parts. The first part discusses general and particular types of method and their relative efficiency in producing valid results in investigation; the second sets forth "a proposed step toward the improvement of methods of social discovery".

In part one we are assured that all facts are tentative and that therefore the scientist must avoid all dogmatism, adopt new methods of discovery, and accept new results without regret. Four reputed methods of discovery are passed in review. The historical method looks at the past in perspective and gives us some basis for projection into the future. This is a valuable contribution, because the aim of science is predictability. But the historical method is weak on the side of selection and definition of significant events in the past, which renders accurate prediction of the future course of events difficult. The analogical method is one of illustration. But it also calls attention to more or less hidden similarities and relationships which may be analyzed and defined by a more productive method. Of itself, it discovers nothing. The logical method encourages rigorous thinking and suggests fruitful generalizations for further investigation, and above all it breaks problems up into their constituent parts so that they can be studied much more effectively. The statistical method is the best of the four, for it gives a definite statement of conditions and establishes averages, correspondences, dispersions, and probable correlations. But it also fails in the greatest essential, that of bringing forward new facts.

For this end, the author states his own method. It is really one of observation, and for this purpose there should be two kinds of

observers—the one detached, on the outside, the other on the inside, getting the feel of things as they are in process of occurrence. This latter is the participant observer. In this connection the author has undoubtedly made a valuable contribution. The comparison of the two viewpoints is calculated to aid greatly in the elimination of distorted perceptions and to lead to better definition. Since observation is his method, Lindeman of course emphasizes psychology as the chief aid to social science. Both individual and collective psychology are necessary, the one to aid in definition of objects, the other to facilitate analysis. Nearly two-thirds of the volume is given over to the definition of concepts as accurate working tools and to an analysis of groups into their constituent processes. The vehicle of concrete societal materials that he employs as a basis for his methodological processes is an extended field and office study of coöperative marketing organizations. Here he has excellent material for the study of one type of groups, those highly purposive in character.

The author has made a real initial contribution to social-science methodology which should be followed up with further study and analysis. His results are so detailed and the field he covers is so broad that a brief summary of specific findings is practically impossible, but the book itself is very readable. He touches on many points related to his major theme. He is a collectivist as a social psychologist. He rejects the metaphysical theory of instincts which has passed for sound biology. His presentation of the limitations of the various scientific methods is one of the best things in the book.

L. L. Bernard.

*University of Minnesota.*

Criminology. By Edwin H. Sutherland. Philadelphia: J. B. Lippincott Company, 1924. 643 p.

The author of this handbook on criminology and penology is assistant professor of sociology at the University of Illinois and a frequent contributor of stimulating articles to such professional periodicals as the *Journal of the Institute of Criminal Law and Criminology*. The present volume is one of the very readable Lippincott Sociological Series, which is being published under the editorship of Professor Edward Cary Hayes of the University of Illinois. The reviewer has examined several of this series and concludes that Professor Sutherland's effort may well claim an important place among those already published.

The volume under review constitutes a "plain, unvarnished tale",

embracing facts and principles in the variegated domain covered by the poorly defined term "criminology". Professor Sutherland's style is clear and simple, precise and attractive.

The organization of his volume is, on the whole, as good as is possible with such a many-angled mass of data; the development of the discussion flows naturally from a consideration of the extent and causation of criminality, through an analysis of the legal instrumentalities for the apprehension, trial, punishment, and discharge of the offender, back to the ever-timely topic of the means of preventing criminality. For some unaccountable reason, however, the author places his chapter on probation after that on parole, and the chapter on methods of reformation after both of these. Obviously, this arrangement could have been improved upon, both from the point of view of logical development of the subject matter and from that of a chronological consideration of those agencies with which the offender comes into contact on his *via dolorosa* from society, through its police, judicial, penal-reformatory, and rehabilitative treadmill, back to society again. Probation should have been considered in connection with the courts, especially the juvenile courts, and not after parole—an instrumentality operative only after the offender has served a sentence and become "institutionalized". Similarly, reformation should have been treated of in discussing the types of penal and reformatory institutions and their punitive, reformatory, and rehabilitative aims and ideals.

This book is valuable rather as a quarry of interesting and pertinent fact in the wide domain it explores than as a critical treatise. Most valuable is it, however, as a mine of reference material, indicating that the author has dug diligently into hundreds of scientific periodicals dealing with every conceivable phase of this highly complex subject. There are abundant evidences, too, that on the whole he has been able to separate the gold from the dross, and has come up with a classified mass of pertinent literature that it would take years to accumulate. In many fields of social inquiry there are numerous valuable contributions hidden away in obscure magazines and journals, and it is an altogether worth-while undertaking to make such explorations as Professor Sutherland has successfully undertaken, and to bring forth, in readily accessible and easily comprehensible form, the materials that otherwise would hardly be put to good use.

But we must not be understood to mean that Professor Sutherland has not contributed valuable critical material. The very process of selection of the gold from the dross requires critical ability and power

of analysis of the highest order. In addition, Professor Sutherland makes some important contributions to the philosophy that should underlie our criminalistics. His chapter on the ethics and economy of punishment is, from this point of view, the best in the entire book; and his marshaling of the evidence, pro and con, in connection with both the present contending attitudes toward the criminal—the attitude of scientific understanding and control, on the one hand, and the time-honored, but apparently abortive attitude of revenge, on the other—presents as clear and philosophically grounded a joinder of the greatest of all issues in this branch of social pathology and therapy as can be found in recent American literature. The European contributions are, of course, replete with philosophical discussions of the prolegomena of criminology and penology; too few American writers have sensed the issue and presented it with the clarity that characterizes Professor Sutherland's effort.

To treat this tremendous subject at all adequately, a half dozen, at least, of volumes such as Professor Sutherland's are necessary. The great teaching value of his contribution is to be found in the fact that he does not attempt to do more than outline the numerous problems involved. But his work is a genuine outline, not a fictitious one; that is, he furnishes innumerable "leads", opens up countless doors of inquiry, furnishes the best Baedekers, and bids the student continue his travels in the directions that intelligent interest and scientific curiosity may lure him. We say intelligent interest and scientific curiosity, because it is refreshing to note that a subject that makes such strong appeals to sordid interest and morbid curiosity has been treated with the detachment of the scholar, yet entertainingly.

Professor Sutherland recognizes the value of the study and analysis of the individual case and case record. He uses case material to excellent advantage; and his work would have been still more valuable had he expanded the portion of the book dealing with the analysis of the causation of delinquency, by means of further consideration of case material.

A principal adverse criticism would probably arise from a consideration of the relative positions given in the discussion to the pioneers and fundamental master builders, on the one hand, and that assigned to ephemeral writers on the other. Whatever we may say, the continental writers are still the source of most of the original thought in the field of criminalistics. But it must be admitted that in its choice of materials this book is much less open to criticism than are many others in this and related fields; further, that wherever mod-

ern writers have been overstressed in the text, this has on the whole been due to the newness of their contributions and to the fact that they bring the material up to date. Another criticism that might be in order is that the author does not clearly distinguish between proximate, immediately achievable reforms and more ultimate ideals. This fault is especially noticeable in his treatment of the philosophy of punishment and his proposal to extend juvenile-court philosophy and technique *en masse* to adult courts. Even as to this, it must be admitted, however, that, in other fields, he does recognize and approve a gradual extension of improvements as opposed to the sudden adoption of untested ideals.

In this connection, the author does not emphasize the need of making acid-test studies of *existing* philosophies of punishment and of legal and of penal institutions before abandoning them. How much do we know of the actual effectiveness (as a preventive and deterrent) of the revengeful attitude, as a matter of fact? We can only resort to deductive reasoning and armchair conclusions. How much do we know of the actual effectiveness of our reformatories? What happens to the thousands of "graduates" from our institutions for young-adult reformatories? How much, as a matter of fact, do we know of the actual effectiveness of juvenile-court methods as compared with those of adult courts? And how much do we know of the results of the employment of the scientific technique of the psychiatric clinic, or bureau of children's guidance, as compared with the old methods? To the reviewer it seems certain that the most important need in this entire field is for a series of well-planned studies of the effectiveness of various instrumentalities and philosophies used in the past and now being employed. The start has, of course, been made by the Cleveland Survey of Criminal Justice and such studies as the Cook County, Illinois, Jail Survey and a follow-up study now being prepared by the Judge Baker Foundation. But by and large we know surprisingly little of the results of the various types of treatment—the juvenile-court methods as compared with those of adult courts, probation and "placing out" as compared with institutionalizing delinquents, imprisonment at hard labor with little self-management as compared with inmate self-government, reformatory influences as compared with repressive measures, the effectiveness of parole, and so forth—of the existing judicio-penal policy.

For small colleges and for the general intelligent reader, this book should make an excellent text; for larger institutions, a valuable bibliographical source.

S. S. Glueck.

*Harvard University.*

MODERN THEORIES OF THE UNCONSCIOUS. By W. L. Northridge. New York: E. P. Dutton and Company, 1924. 194 p.

Mr. Northridge's volume is, despite its engaging title, only another addition to the superabundant popular rehashes of psychoanalysis that are supposed to be written for the benefit of that much abused figure, the general reader. It has, however, one redeeming merit in that it contains an interesting review of all important theories of the unconscious maintained by philosophers and psychologists from Plato to Coué. The views of Plato, Descartes, Leibnitz, Kant, Schopenhauer, and others are represented. What is said of the views of Schopenhauer is of special interest; but the author hardly does Schopenhauer justice in his representation of the extent to which the latter anticipated Freud. Into this array of authorities we have a discussion of Myer's theory of the subliminal self, which, we take it, is a physiological conception of the unconscious. Coué's views are given such space and dignity as to cast serious doubt upon the author's ability to criticize his material.

The purpose of getting all this material together in one volume is not very evident ; there certainly is no continuity among all these theories; they do not represent any progressive growth or development. And so the interest of this portion of the book is purely historical, if not antiquarian.

In the later portions of the book, which deal with the theories of Freud and his followers and dissenters, the author reveals a basic handicap. He betrays the fact that he has received his knowledge of the unconscious from books, which raises the question how much of psychoanalytic literature, written almost exclusively from clinical experience, is accessible to those who have no clinical experience. The answer seems to be that without clinical sense, mighty little psychoanalytic theory can be digested. The author's knowledge of psychoanalysis as a method is rather shallow. On pages 165–168 we have the report of an analysis which is remarkable for its brevity and for the duration of the cure. In discussing this case, the author speaks of an experience being "the cause of the patient's trouble", and his description of the case is qualified by such annoying epithets as "probable", "perhaps", and "as it seems to me", all of which can hardly be expected to be convincing to even the most general reader. The author reaches the end of his analysis when he has heard the patient recall a childhood scene which seemed rather impressive. He finds himself in agreement with Dr. Rivers in believing that "any forgotten painful experience may be the primary factor in the causation of neuroses", and that it is not necessary to go beyond this in search of other factors. Thus is psychoanalysis simplified!

The innocence of clinical experience gives such authors as Mr. Northridge an enviable courage. It is only such that can keep alive old, forgotten controversies concerning the very elements of Freudian theory, and only such can expostulate endlessly, heavily armed as they are with impregnable common sense.

A. Kardiner

*New York Psychoanalytic Society.*

The Internal Secretions. By Arthur Weil, M.D. New York: The Macmillan Company, 1924. 287 p.

It is a great satisfaction to find a book on the glands of internal secretion which includes the important experiments that have been made by physiologists up to the present time and in which the material is condensed into readable form.

The author, Dr. Weil, is assistant professor in physiology at the University of Halle. The first edition of his book appeared in Germany in 1920. Since that time it has been translated into Spanish and into Russian and now, in its third edition—which includes important researches made since the second edition was published—it has been translated into English by Dr. Jacob Gutman, of Brooklyn.

Instead of considering each gland by itself, as is the custom of most writers on the glands of internal secretion, the author starts with the important physiological functions and shows the rôle played by various glands in each function. In this way an interesting picture is obtained of their relationship and of their combined influence in such processes as metabolism, respiration and voice production, the circulation of the blood, growth and bodily form, the sexual instinct, and reproduction. An immense amount of experimental data is interwoven in the text, substantiating the statements that are made. While the reader is told briefly the source of each experiment quoted, he is spared a bibliography of the numerous authors who have contributed to this subject during the past twenty years.

While the interrelationship of the various glands is described and emphasized, the book also makes it clear that in view of the great individual differences that are always to be found and the possibilities of variation in each gland, no set formula will ever be possible in estimating given situations. As the author says: "All these examples are evidence of how little foundation there is for speaking of a fixed dependence of certain endocrine glands upon one another, and how little we are justified in assuming a rigid plan of action

for the purpose of explaining the mutual relationships existing between the individual members of the endocrine gland system. The inhibiting or accelerating action exerted by a complex of incretions upon a physiological function will always depend upon the organ affected and the nature of its life processes. No schematic representation of the mutual interactions of the endocrine glands can do more than show their relations toward a single function."

What Dr. Weil considers the present status of our knowledge of the endocrines in their relation to the physical organism and especially to the nervous system is summarized in the following paragraph:

"We should take warning from all these facts not to approach the problems of functional reciprocity with the purpose of showing that correlation is affected excessively by either chemical or nervous processes. Both ways are possible. The nervous system controls the endocrine glands as well as the other body glands; on the other hand, the incretions have the power to influence both the peripheral end organs and the centers of the nervous system; and they may, by direct stimulation of the body cells, bring about the same functional changes that nerve stimuli produce. The secrets of life are not to be disclosed by the invention of doctrinaire formulations; their study demands rather that we take into account all the infinite multiplicity of the relationships between the different manifestations of life. The internal secretions are not an all-dominant force, but a force which shares the control of the life cycle with the brain and the autonomic nerve system."

Those doubting Thomases who maintain that at the present time little or nothing is known of the physiology of the glands of internal secretion, with the possible exception of the thyroid gland, will find in this book an interesting collection of experimental data presented logically and with valuable reference to clinical situations. No matter what medical objective a physician may have, or what his specialty may be, he cannot help finding the study of this book (and it will require study) of immense value in the understanding of the physiological processes that he is constantly considering. We recommend the book with much enthusiasm. EDITH R. SPAULDING.

*New York City.*

MIND AS A FORCE. By Charles F. Harford, M.D. New York: Henry Holt and Company, 1924. 136 p.

One needs but to read the preface of this book to get an inkling of what it contains. The following prefatory statements are par-

ticularly significant: "The standpoint of the author is that of a student of psychology mainly in its medical aspects, but also in its spiritual and social application. . . . The author has been a pioneer missionary in Central Africa, for twenty-one years principal of Livingstone College. . . . It is only three and one-half years since he commenced the definite study of psychology. . . . While a tribute of great respect must be paid to these varied teachers, a definite acknowledgment must be made to Emil Coué for the clue which he has afforded to the solution of many problems. . . . It may be stated in conclusion that a Pelman course, with its practical training in the psychology of common life, was the avenue through which the author gained his first genuine interest in problems of mind."

This book is a hodgepodge of Freudianism, Couéism, Pelmanism, and religion. It affords nothing new to psychiatry, and it cannot but be confusing to the layman.

H. N. Kerns.

*Medical Corps, U. S. A., Kelly Field, Texas.*

Leaves from the Golden Bough. Culled by Lady Frazer, with drawings by H. M. Brock. New York: The Macmillan Company, 1924. 239 p.

Frazer's *Golden Bough* has long been a source book for folklore and mythology, but more than that, the author has presented his material in fascinating and delightful English. Lady Frazer has culled from the original work a group of myths, legends, and customs, and presented them in the original language of the author. They are classified and illustrated and make most interesting and entertaining reading matter.

William A. White.

*St. Elizabeths Hospital.*

Insanity and Law: A Treatise on Forensic Psychiatry. By H. Douglas Singer, M.D., and William O. Krohn, M.D. Philadelphia: P. Blakiston's Sons and Company, 1924. 437 p.

This book comes at a most opportune time. The past year has seen the attention of both medical and legal men drawn anew to the relationship between their professions.

The first half of the book gives an excellent summary of the present status of psychiatric knowledge. It is in no sense reactionary, yet it does not go into the various cults of the day. It is conservative and gives the impression of maturity and experience on the part

of the authors. The classification evolved by the American Psychiatric Association has been followed rather closely. The titles of its four divisions show its scope—namely, (1) *Types of Reactions,* (2) *Classification of Insanities,* (3) *Forms of Insanity,* and (4) *Simulation or Malingering.*

The second half of the book is devoted to the legal aspects of mental disease. While but a slight amount of information is given concerning each legal situation, the ground has been covered exhaustively. Ample cases are cited, so that this section ought be of great value, especially to lawyers. Every possible legal complication in which insanity is an issue is covered. There is an excellent chapter on insanity and criminal responsibility. This is temperate and yet incisive. The opinion of the authors is expressed vigorously. The chapter on the physician in court will be welcomed by doctors as a ready means of preparing for this part of their work. A final chapter deals with suggestions for reform in procedure. This, again, exemplifies the maturity and experience of the authors.

Altogether, this is sure to be a very useful book and should have a great deal of influence both in tempering the attitude of lawyers toward the medical point of view and in making physicians a little more charitable in their wholesale criticism of the legal profession.

The excellent character of the book making deserves comment.

A. W. Stearns.

*Tufts Medical College, Boston.*

Introduction to Psychology. By Carl E. Seashore. New York: The Macmillan Company, 1923. 427 p.

The educational objective is stated in the first five words of this book: "Not psychology, but to psychologize." Although the titles of the chapters are the conventional headings, the author does not present an encyclopedia of psychological facts or any special brand or closed system of psychology. He attempts rather to induce the student to psychologize by developing the experimental attitude and point of view in the observation and explanation of mental phenomena. He does this by the practical, concrete manner in which he presents the subject matter of psychology. Scattered throughout the book are numerous exercises that stimulate observation and thought in both the introspective and the objective field. There is a happy choice of illustrations taken from daily life. Seashore states that the following are secondary aims of the *Introduction to Psychology:* to apply systematic knowledge of mental facts; to further culture, efficiency, and appreciation of the mental life for itself; to

serve as a foundation for the mental sciences and arts, as a supplement of the material sciences, and as a preliminary to the various branches of applied psychology.

None of the general topics of the book should be excluded from an introduction, but in the reviewer's opinion some should have been treated at greater length and a few others should have been touched upon. Study of human behavior to-day is emphasizing more and more the social side of the individual, his reactions to other individuals and their reactions to him. It is turning its attention to studies of character, personality, and mental-hygiene in general. The unprecedented number of intelligence and educational examinations, the trend of modern psychiatry toward the delicate adjustment of human relations, the intensely humanizing efforts of the psychiatric worker, and the ubiquitous mental-hygiene clinic call for some consideration. Seashore has not, however, been negligent in applying the principles of experimental psychology in the direction of increasing individual efficiency. For this he gives a number of helpful rules, particularly in the chapters on attention and the learning process.

In the chapter on individual psychology, he says: "An I.Q. of 100 would, therefore, be normal." Later on, quoting from Terman, he speaks of "90–100 normal, or average, intelligence". The use of the word "normal", either alone or in connection with intelligence, is unfortunate. And as a matter of fact it has called forth from workers in allied fields no end of sharp criticism. Terman certainly did not intend that intelligence was everything or even the most important thing about an individual. Yet it is true that many examiners have actually claimed too much for the intelligence examination, much more than they themselves realized. Although the dictionary says that "normal" means "average", common usage seems to have given the former term a wider connotation. A child may have average intelligence and still not be a normal child at all, being unbalanced or deficient in his motor or emotional responses. It would be better to say "average intelligence", "average in motor performance", and so forth, reserving "normal" for a general mental description, for a picture of the child as a whole.

The book is dedicated to the memory of William James, who would probably have appreciated it to-day as he did Thorndike's *Psychology* some years ago. He would have liked its direct, lucid style, objective content, and evolutionary method of approach.

Richard H. Paynter, Jr.

*The National Committee for Mental Hygiene,*
*Demonstration Child Guidance Clinic, No. 1.*

## NOTES AND COMMENTS

*California*

Pacific Colony, California's second state institution for feeble-minded and epileptics, is being reconstructed and will probably be reopened early in 1926. This institution was authorized by the 1917 legislature and was originally intended as an institution for morons. It was opened in 1921 and received a few patients during that year and 1922. It was then closed and its patients were transferred to Sonoma State Home.

*Colorado*

The Colorado Psychopathic Hospital was opened in December, 1924. The bill authorizing its establishment was enacted in 1919, but contained no appropriation for construction. Later the Colorado State Medical Society secured a sufficient number of signatures to a petition initiating a bill with an appropriation of $350,000 for the construction of this institution. This bill was referred to the voters at the November, 1921, election and was approved by a majority of about 100,000. The hospital is located at Denver and is an integral part of the University of Colorado. The director of the hospital is the professor of psychiatry at the university.

*District of Columbia*

A bill to establish in the Bureau of Education a station or department for the study of the mental and educational needs of backward, mentally deficient, and otherwise mentally handicapped school children failed to be enacted by Congress. The duties of this station or department were thus summarized in the bill:

"(1) The collection, tabulation, interpretation, and publication of the results of tests useful for mental and educational classification, and of information on the organization and conduct of the work undertaken in the schools of this country and elsewhere for mentally deficient, backward, retarded, and otherwise mentally exceptional children.

"(2) The conduct of a laboratory of mental tests and standards for the development and standardization of mental tests and standards of mental capacity for normal children of different ages, said tests and standards being essential for the diagnosis and classification of mentally subnormal and abnormal school children and juvenile and adult delinquents.

"(3) The conduct of a psycho-educational clinic for the examination and classification of mentally deficient, backward, and troublesome school children from the District of Columbia or elsewhere, and for making recommendations regarding their education and care."

*Idaho*

A bill creating a state board of eugenics to provide for the sterilization of all "feebleminded, insane, epileptics, habitual criminals, moral degenerates, and sexual perverts who are a menace to society" was enacted by the 1925 legislature. This law is similar to the 1923 Oregon law, which was summarized in the July MENTAL HYGIENE of that year.

*Indiana*

A bill providing for a psychiatric hospital in connection with the Indiana University School of Medicine, and appropriating $250,000 for this purpose, failed of enactment. The hospital, which would have been under the management of the Board of Trustees of Indiana University, was designed for the "first care, observation, and treatment of early and acute nervous and mental diseases". The bill included provision for the establishment of a free mental clinic and outpatient service.

A bill designated as "the eugenical sterilization law", introduced in the 1925 legislature, passed the senate, but failed in the house of representatives. A sterilization law was enacted in this state in 1907, applicable to inmates of all state institutions caring for "confirmed criminals, idiots, rapists, and imbeciles". A few operations were performed under this law, and it was later declared unconstitutional by the supreme court. The new bill would have applied to "socially inadequate" persons who were "potential parents of socially inadequate offspring". It would have provided for a state eugenicist to be appointed by the state board of health, with the approval of the governor.

A bill that would have abolished the Marion County Insane Hospital as a county institution, and would have provided for its transfer to the state as part of the Indiana Central Hospital for the Insane, passed both houses of the legislature, but did not receive the approval of the governor.

The board of trustees of the Indiana Farm Colony for Feebleminded is abolished by Chapter 92, Laws of 1925. All rights, duties, and powers are transferred to the board of trustees of the Indiana School for Feebleminded Youth.

*Louisiana*

An act of the 1924 legislature requires the examination of all males applying for a marriage license as to the existence or non-existence of venereal disease. The examination may be made at any time within fifteen days prior to such application. This act makes it unlawful to issue a marriage license to any male who fails to present a certificate setting forth that he is free from venereal disease as nearly as can be determined by a thorough examination and by the application of the recognized clinical and laboratory tests, when in the discretion of the examining physician such tests are necessary.

*New Jersey*

A sterilization bill introduced in the 1925 legislature applicable to insane, feebleminded, and habitual criminals passed the senate, but failed in the assembly. New Jersey is one of those states in which a sterilization law has been enacted and later declared unconstitutional.

*New Mexico*

A law has been enacted by the 1925 legislature establishing a state institution to be known as "The Home and Training School for Mental Defectives". It is to be managed by a board of five directors appointed by the governor, not more than three of whom shall belong to the same political party and of whom at least two must be women. The board is to appoint a superintendent, who must be qualified by special training and experience to care for mental defectives. The law authorizes admission by court commitment, and allows for the parole of patients. It also provides for the transfer without court action to the new institution of mental defectives found in other New Mexico state institutions. The law carries no appropriation for construction or maintenance.

*New York*

A bill providing for the establishment of a clinic for mental diseases at the state prison at Ossining failed of enactment by the 1925 legislature. This clinic would have been in charge of a psychiatrist appointed by the state superintendent of prisons. The bill carried

an appropriation of $15,000 for salaries and $50,000 for equipment and furnishings.

A bill amending the education law, in relation to the supervision of children with retarded mental development, failed of enactment. This bill would have provided for a county supervisor in each county to supervise the education of such children.

*Ohio*

A bill to provide for special classes for mentally deficient, backward, and retarded children in the public schools was introduced in the 1925 legislature. This bill is in the form of an amendment to the present law providing for the blind, deaf, and crippled. A similar bill was introduced in 1923, but failed for financial reasons. A portion of the text of this new bill follows:

"Whenever in any school district there shall be found not less than ten children who are mentally deficient and yet capable of instruction, the board of education of the district shall provide appropriate instruction in a special class for such groups of ten or more such deficients. Instruction which is adapted to the varying physical and mental capacities and handicaps of the children must be provided in these classes. It shall be the duty of the board of education in each school district to ascertain annually the number of children in the district who are mentally deficient. School districts lacking adequate examination facilities shall request bureaus supported by the state for educational and psychological diagnosis to assist in the discovery, classification, and examination of such children.

"Where two or more school districts each have less than ten mentally deficient children, the boards of education of such school districts may contract with each other for the establishment of special classes for the education of such children in one or the other of the said districts.

"School districts may establish special classes in the elementary schools for twenty or more children who, while not mentally deficient, are on the border-line of mental deficiency, or are so backward in intelligence as to be incapable of receiving proper benefit from the instruction in the regular grades."

The bill provides state aid for these classes to the amount of $40 per year for each child. Classes must be organized in accordance with regulations prescribed by the state department of education. This department is authorized to issue special certificates to teachers of these children, on completion of such special courses of training as

may be prescribed by it as necessary for carrying out the provisions of the bill.

*Pennsylvania*

A bill introduced in the 1925 legislature to make incurable insanity a cause for divorce failed.

By the terms of Chapter 14, Laws of 1925, the character of the Wernersville State Hospital is changed, so that it is now a "full functioning mental hospital instead of an asylum for the chronic insane". This hospital has been receiving patients by transfer only from the other hospitals in the state. It will now be possible for it to admit directly all types of mental disease.

## Report of Committee on Mental Hygiene, University of Minnesota

A subcommittee on mental hygiene of the Committee on Educational Research of the University of Minnesota was appointed on October 30, 1924, "to study the general problems of mental hygiene of college students". The chairman of the committee is Dr. H. S. Diehl, Director of the Health Service of the University. Other members of the committee are Dr. A. W. Morrison, Professor W. C. Olson, D. G. Patterson, and F. M. Rarig. The committee has recently made the following report:

*General statement regarding mental hygiene.*—Mental hygiene may be briefly defined as "the science of the promotion and preservation of mental health".[1] Its development has been based upon studies which have shown that human behavior is the result of the interplay of inherited traits, past experiences, and present environment. "From birth, development consists of a long series of adjustments between the needs and desires of the individual and the demands of his environment, adjustment consisting in modifying either the one or the other or both".[2] Socially undesirable reactions to these necessary adjustments are called abnormal behavior and represent an emotional conflict between the individual and his environment. The so-called normal individual will modify his desires and conform, at least in a large degree, to the social order of which he happens to be a part. On

[1] "Group Mental Hygiene", by W. B. Cornell, M.D. *American Journal of Insanity*, Vol. 77, January, 1921. p. 335.

[2] *Mental Hygiene and Our Universities*, by A. W. Morrison, M.D. Mental Hygiene, Vol. 7, April, 1923. p. 258.

the other hand, socially undesirable reactions may occur and even become a habit, in which case the individual becomes more or less of a social outcast and frequently comes to be considered personally "queer".

From early infancy every child is reacting emotionally to its environment and laying the basis for its personality. Consequently, this is the period in which the greatest care should be exercised to avoid situations that arouse undesirable emotions and to assist children to acquire adequate emotional reactions. The recently established child-guidance clinics have demonstrated what accomplishments may be looked for in this age group.

Boys and girls of the age of most college and university freshmen are passing through the period of adolescence—"a period of transition in which the habits and tastes of the child are being replaced by those of the adult, in which new interests, new desires, and new thoughts are awakened."[1] In addition to this stress and strain, most students, upon entering college, are faced with new situations and new problems concerning which they must make decisions. They have to adjust themselves to a new environment and a new group of associates. They wish to be well thought of by their companions, to stand well in their studies, to be prominent in college activities. They do not understand why it is difficult to be their natural selves. They may be oversensitive to the remarks or actions of others or may develop a feeling of inferiority. As a result, they may lose interest in their work and play, find it hard to concentrate, become restless and worried, and develop general physical complaints. Fortunately, most students are able by themselves to make the necessary adjustments to these new situations, but Williams says that "there is not one of us but has his psychic scars of this period".[2] A few develop true psychoses, while a larger number acquire incapacitating neuroses. Others muddle through, but develop some peculiar warp, the basis of future failure.

*University programs for mental hygiene.*—Almost every American college and university is interested in the mental health of its students, but very few have developed any organized program to meet the need. Three universities are making a serious effort to do organized work in mental hygiene with the aid of one or more psychiatrists on their staff. Others have provided facilities for psychiatric consultation when individual cases come to their attention.[3] In reply to an

[1] *Mental Hygiene and Our Universities.*

[2] *Mental Hygiene and the College Student,* by Frankwood E. Williams, M.D. MENTAL HYGIENE, Vol. 5, April, 1921. p. 292.

[3] See *Does There Exist a Need for a Program of Education in Mental Hygiene?* by Donald A. Laird. MENTAL HYGIENE, Vol. 4, pp. 393–403, April, 1920.

inquiry concerning the work at Dartmouth College, President Hopkins wrote: "We are on our fourth year of slowly developing the work in mental hygiene as a preventive work for men within the college. We believe it to be one of the best things that we are doing."

At the University of Minnesota, Dr. Morrison and Dr. Diehl, with the coöperation of Professor Patterson and the aid of a grant from the Research Fund of the university, have been making some special studies concerning the need for mental hygiene among freshmen. At the time of registration, entering students were requested to fill out a brief questionnaire dealing with their own and their families' neurotic tendencies. These questionnaires were reviewed, and those students whose replies suggested that they might need help were requested by letter to report for a personal interview. Other students were interviewed who were referred by deans and advisors. The results of this study to date have been published.[1]

*Specific mental-hygiene problems.*—College students have problems, some large, some small, in addition to those in their curricular work. Such problems as an unhappy home environment or other family difficulties, financial worries, failure to "get along," feelings of inferiority, love affairs, and certain sex difficulties are not unusual.

During 1923–24, 198 men and women were interviewed at the University of Minnesota Student Health Service on account of certain suggestive responses in their histories or because they were referred by deans or student advisors. Of the freshmen class, at least 6 per cent, including both men and women, needed advice. It has been estimated that probably 10 per cent of students have quite real problems and should be properly advised, and that in addition to this group there is a fairly large number who should receive some aid.

The following abstracted histories indicate very briefly the difficulties of some of these students:

> M. is so self-conscious that he never feels normal except when occupied in some mental or laboratory work. He had to leave school at ten years of age on account of nervousness, self-consciousness, and a feeling of inferiority. His schooling has been constantly interrupted for these same reasons, and he finds it impossible to make acquaintances and is terrified at the prospect of meeting new people. His scholastic work is excellent, and he has made determined efforts to overcome his handicap.

> B. feels that nobody has been interested in him in the university and that he has not had a square deal. He knows few students and feels that he would like to drop out of school at the end of the quarter.

[1] "Some Studies on Mental Hygiene Needs of Freshmen," by A. W. Morrison, M.D. and H. S. Diehl, M.D. *Journal of the American Medical Association*, Vol. 53, pp. 1666–70, November, 1924.

H. since a child has had all sorts of fears, particularly that he is suffering from some disease. He thought he had tuberculosis, later diabetes, and so forth. He stated quite frankly that his feeling of being discriminated against was probably due to his desire for being shown partiality and not getting it. He daydreams excessively; he desires to be a hero, and he is trying to work out a philosophy of religion for himself. He stands exceptionally high in his studies.

C. has been nervous the past year. He wished advice as to continuing his university work. He is an only child who has had everything all his life, but during the recent business depression, he worked for his father for three and a half years. He moved to Minneapolis from a small town. He made few acquaintances. His engagement was broken and he has been greatly concerned about this. He also has a very definite sex problem.

W. is a boy who has always lived on a farm and felt backward and self-conscious while in high school. He has found difficulty in mixing with other students. He is inclined to be self-conscious and bashful. Apparently, he did not understand how to adjust himself to college life.

N. is an only daughter, one of whose parents is extremely nervous. She has always had difficulty in mixing with other people. She is quite self-conscious, and has been very carefully supervised and chaperoned at home. She has apparently been so chaperoned that she does not know how to make an adjustment to university life.

With the limited facilities available, a complete analysis of the causes of these and many other similar problems was not always possible.

*The relation of mental hygiene to the special advising of students.* —The following cases were selected from the file of special advisees because they illustrate typical problem cases demonstrating beyond question, first, the fact that there are serious mental-hygiene cases among our present student body and, second, the fact that these very students who are so greatly in need of an improved mental-hygiene service would undoubtedly be greatly benefited by the appointment at the earliest practicable date of a competent first-rate neuropsychiatric social worker.

*Case 1.* Here is a young man who has apparently undergone a marked personality change during the past two years, as indicated by his loss of interest in church, in dancing, and in social activities, and his loss of confidence in his own ability. He was one of the outstanding students in high school, winning a gold medal for high scholarship. When assigned to his special advisor, he was on probation. He exhibited mental symptoms, no basis for which could be found by elaborate physical and physiological examinations made by the health service. Consultation with this student was unsatisfactory because of the lack of a social

worker who could have visited his home and obtained many facts needed for a better understanding of his difficulties. This student's scholarship improved markedly and he is apparently getting along well this year. Nevertheless, those who are advising him feel themselves handicapped by the lack of many data necessary for a full understanding of his difficulties.

*Case 2.* This student is failing in two subjects. His intelligence rating is low and altogether he seems to be questionable college material. He is urgently in need of mental-hygiene treatment, for he is in an emotionally exhausted state, having been in difficulties of one sort or another for the past five years. He needs aid now in becoming self-disciplined, before he is turned loose on society as an academic failure. There was an elaborate history to be obtained in this case, involving lengthy interviews with his special advisor and with the psychiatrist. In addition, his special advisor interviewed a friend and a brother who are students in the university. Much of the time devoted to these interviews could have been saved had a social worker been available to assemble the history. Furthermore, an interview with his mother and a visit to his home are both advisable, but no one on the staff is able to do this. A social worker would be invaluable in a case like this, not only in saving the time of the psychiatrist and the special advisor, but also in unearthing additional facts that might aid materially in helping this student to recover his poise and self-control.

*Case 3.* This case illustrates the need not only of a psychiatric social worker, but also of a psychopathic hospital, for it is possible that this student could have benefited by more intensive study which would have been possible had the facilities of a psychopathic hospital been available. This student had attracted the attention of various members of the psychology department because of her abnormal behavior—constantly seeking advice, weeping, then laughing boisterously without apparent provocation during the interview. Her father had recently suffered from a long period of depression which incapacitated him for work. Her intelligence rating was good—98—yet her achievement scholastically was rather mediocre, although up to the required C standard. Little progress could be made with this student because of the lack of adequate facilities for observation, diagnosis, and treatment.

These cases indicate that the mental-hygiene problem is not confined to the unintelligent student, nor is it confined to students who are making a scholastic failure. They represent all possible variations in ability and scholastic attainment with complicating emotional difficulties and mental conflicts, ranging from very mild disorders to exaggerated conditions bordering on insanity itself. Since our educational objective is concerned with the personality as a whole and not with a narrow training of the intellect alone, we are obligated to aid these students in various and sundry ways to develop their personalities, so that they may make an adequate adjustment within the institu-

tion as students and without the institution as future citizens in the state. To make a more serious attack on this problem requires added facilities, the most important step being the addition of a tactful psychiatric social worker.

*Mental hygiene in relation to public speaking.*—A considerable number of students take public speaking, not because they have any particular aptitude for it, but because they feel the need of overcoming speech difficulties of various kinds. Not a few are sent into the course by other instructors who find them unable to communicate their ideas in classroom discussions. Many of these students have difficulties which the instructor is able to help them remove. The great majority of them make fairly satisfactory progress in substituting good habits for bad, but there are always a number who have serious emotional difficulties, the causes of which are too remote and subtle for the department to deal with as effectively as they should be dealt with. Even if the instructors had the training and skill, which they haven't, they would not have the time. Some of these are cases of stammerers, who, of course, need very special attention. Most of them, however, are victims of emotional conflicts which must be resolved before they can do their best work as students.

As an example, there is in one class a man who had little social life of any kind and never felt the need of making any adjustments to such an environment as he finds at the university. He is determined to remain scared before an audience. "I am trembling right now all over", is his favorite formula. He stands with leg back and arm muscles perfectly rigid, his face flushed. At times a profuse nervous perspiration covers his face and entire body. He formerly spoke at a very rapid rate, which he has recently modified, but not yet got under complete control. This man's case probably is not serious, but he is nevertheless an example of the need of expert mental-hygiene service at this university. He is out of adjustment because of his early training and because of the fact that he learned Norwegian before he learned English, to which he is not yet thoroughly habituated.

Another case of emotional difficulty is a girl. Her outstanding muscle-habit response is a constant smile, a smile that is very affected, and to one who converses with her, it is evident that she feels very inferior. While making a speech in class, it is not an uncommon thing for the smile to leave her face, and her next reaction is to burst into tears. Also, she has a tendency to leave the platform the moment that she has difficulty in thinking about what she wants to say, and if asked to go back to the platform, she sometimes refuses, sometimes goes back reluctantly, sometimes weeps. Perhaps a case history of

her family life would give some clue to the reason for these reactions. When questioned, she states that her muscles quiver and that she, too, perspires. She admits that she smiles constantly in order to prevent weeping. In delivering a very emotional speech, one calling for a pugnacious attitude on the part of the speaker, she will maintain this smiling facial set. This girl is at least twenty-five years old. Personally the instructor believes that this is a case in need of mental hygiene, which members of the department lack both the training and the time to handle.

Only one more case will be cited. This is a girl who comes on the platform and takes a body response with enormous tensions; refuses to look at her audience; trembles, but does not perspire; talks so that one cannot understand her six feet from the platform, and has great difficulty with articulation. In private conversation, however, she speaks very distinctly. She says that she is not afraid of any one in private conversation, but that when she faces an audience, she is overcome with fear. She will not voluntarily even raise her hand in gesture. Attempts to get her to relax on the platform all have been unsuccessful. On the other hand, in private conversations she relaxes very well. Inquiries into her home conditions seem to indicate that she is repressed and that her case also is one for a specialist. Her problem is a personality problem which the department is unable to handle.

These three cases are typical of perhaps a dozen that have been noted among our beginning students in public speaking.

*Mental hygiene in relation to physical health.*—A certain influence of the mind upon physical health has been recognized for many centuries. The marvelous cures accomplished by faith healers, Coué, and Christian Science are well known popular examples of what can be accomplished with some cases. During recent years, on the basis of the scientific progress made by psychiatrists and psychologists, much knowledge has been obtained concerning the causes and processes of these mental and nervous disorders.

Mental disturbances may affect physical health both directly and indirectly. Practically every physician has patients whose symptoms are rather indefinite and whose physical examinations reveal nothing abnormal. In the age group to which most college students belong, these patients are less frequent than in older groups, but they are by no means rare. During the last two years, the physicians in the general dispensary of our own health service have discovered 31 cases of this kind among the girls and 34 among the boys. By many physicians these patients are diagnosed as neurasthenics, told that there is nothing organically wrong, and advised to go home and

forget it. Practically all of them then seek another physician or fall in with the followers of some cult. The physician's diagnosis that there is no organic lesion may be correct, but this does not mean that the patients should be ignored or that nothing can be done to help them. Their sufferings are just as real to them as if they were caused by some organic disease. The recent work of Janet, Freud, Prince, and others has shown that in many instances it is possible to discover and remove the mental conflict which is causing the trouble and that with the removal of this conflict symptoms tend to disappear. If these neurasthenic patients are unrecognized or improperly treated, many of them will become chronic invalids.

The so-called nervous breakdowns, which are popularly believed to be due to overwork, in reality are caused by some type of mental maladjustment. In the year 1923–24, several boys and girls dropped out of the university because of "nervous breakdowns" and many others wanted to limit their work because they felt that they were "on the verge of nervous breakdowns". The entrance of physical-examination records of the health service, taken over the last three years, show that 0.9 per cent of the boys and 2.6 per cent of the girls gave histories of nervous breakdowns prior to entering the university. Every one of these students should have special study and some of them special supervision in the university in order to prevent the recurrence of this condition and the development of other symptoms.

Hysteria is another symptom of mental conflict. Every year the health service receives emergency calls to see students who have "fainted" in university buildings or rooming houses. The typical case of this sort always "faints" when there are people about and under conditions that cause great excitement, and most of them tend to repeat the performance. Hysteria also may take other forms of expression.

Last winter a university girl called about midnight for a physician from the health service because her roommate was having severe abdominal pain. The patient thought that she had appendicitis, and the history and symptoms were very suggestive. To the physician, however, the symptoms seemed too extreme for appendicitis. Whenever the doctor would even touch her abdomen, she would scream with pain. So he called a consultation, and while one physician was making a forced examination of her throat, the other was able to palpate her abdomen without eliciting any pain, tenderness, or muscle spasm. The next day she was discharged with no abdominal symptoms. By brief questioning it was discovered that conditions at home were probably responsible for her mental reactions. Some time later she had a similar attack; a friend called a surgeon and she had her

appendix removed at one of the private hospitals in the city. The report of the pathological examination was "normal appendix". During the following summer she had another operation, at which time her gall bladder was removed. Following this she dropped out of the university. If this girl could have been properly studied and followed up, it is possible that some of her later troubles could have been prevented.

Most students who are unable to make proper mental and social adjustments are backward, bashful, secretive, and seclusive and sorely in need of social contacts, exercise, and recreation. Because of these very characteristics, however, these students usually hesitate to mix with others and consequently get little or no exercise. In this way their health is doubtless indirectly affected by their mental conditions. Physical examinations show that certain physical defects, such as high blood pressure, cardiac abnormalities, pulmonary defects, albuminuria, decreased lung capacity, and pathological tonsils are considerably more frequent among this psychoneurotic group of students than among the student body as a whole. Some of these defects, such as deafness, unquestionably are factors in the development of maladjustments, but most of them are the result, directly or indirectly, of the psychoneurosis.

*A university program in mental hygiene.*—The best method of approaching the problem of mental hygiene in our universities is not yet known, but a university program in mental hygiene probably should be considered on the basis of two types of activities: the one to deal with the problems of individual students as they are discovered by deans, advisors, physicians, and so forth; the other to instruct groups of students, necessarily in a rather formal way, in mental hygiene.

To meet the needs of individual students will require personnel and facilities to study, advise, and follow up those students who need assistance in making adjustments to university life or in solving personal problems. Many students need only a friend or some "common sense" advice, such as has been given by deans and faculty members since the beginning of educational institutions. Most of this advice can and should continue to be given by deans and advisors. Other students, probably between 5 and 10 per cent of the total, need more thorough study. This frequently requires repeated interviews, investigations into home and university environments, social contacts, interests, and the like. To have this all done in a university of the size of Minnesota by psychiatrists would require a great expenditure of funds and a large staff. It would also be difficult, if not absolutely impossible, to procure at this time time qualified men and

women on a full-time basis for this work. In child-guidance clinics and in psychiatric clinics for adults many of the interviews are held and much of the necessary information is obtained by psychiatric social workers. This makes it possible for psychiatrists to see more cases and to handle them more efficiently. This committee believes that valuable assistance in mental-hygiene work in a university could be rendered by a well trained, tactful psychiatric social worker, working under the direction of a psychiatrist on part time. Such a plan should be inaugurated on an experimental basis and the results carefully observed. In order to make a mental-hygiene program a success, the deans, advisors, and at least some of the faculty members should be kept informed of the work and of the facilities available for assisting students.

Group instruction in mental hygiene is now being offered as an elective course by certain colleges and universities, but the purpose of most of these courses is to give special groups of students, such as students in education, public-health nursing, or social work, an insight into the subject and methods of mental hygiene in order that they may have some understanding of the problems with which they will later be confronted in connection with their professional duties. Several institutions give a few lectures on mental hygiene to the entire freshmen class as part of their orientation courses. A few psychiatrists working in this field believe that every university student should have a course in mental hygiene. Experience may prove that such a policy is the wise one. However, since mental hygiene still is most decidedly in a developmental stage, the committee believes that we will have a sounder program if we offer first a few elective courses and then gradually extend the courses to other students, as experience with them demonstrates their value.

## Summary

1. Mental hygiene is an organized effort to assist people to act and react normally when confronted with various social or emotional situations. It is a preparation to meet future problems and as such should be an important part of every adequate educational program.

2. The entering of college is for most students accompanied by considerable emotional strain. New situations must be met, new friendships formed, new decisions made. Most students are able to make their own adjustments to these new situations, but in some, even brilliant students, emotional conflicts are set up or existing conflicts intensified, as a result of which some get discouraged and leave school, and others become secretive and seclusive or develop undesirable traits that may be the basis of difficulties and failures in later life.

3. Very few universities are doing organized work in mental hygiene, but many appreciate the importance of the problem and are attempting some work in the field. Some preliminary studies which have been carried on at the University of Minnesota over the past three years indicate a very definite need for mental hygiene in our own university.

4. An investigation of the need for mental hygiene shows that this need is not limited to any one class of students and that the students with the highest scholastic standings may require help as well as those of less mental ability.

5. A mental-hygiene service would be of very definite assistance to the special advisors of students.

6. Emotional problems that require expert attention frequently are encountered in connection with courses in public speaking.

7. Mental and social maladjustments are the basis for many nervous breakdowns and much of the neurasthenia and hysteria that occur among university students. Certain physical defects are considerably more frequent in the psychoneurotic group of students than in the student body as a whole.

8. A university program for mental hygiene probably should provide first for the care of students who need assistance in making their adjustments to university life, as these students are discovered by deans, advisors, instructors, and physicians. Courses in mental hygiene might be helpful for many students, but it seems wisest to inaugurate an educational program in mental hygiene by first offering elective courses to special groups of students and then, if it be thought wise, gradually making these courses available to more and more students.

9. A few colleges and universities have psychiatrists on their staffs to help students who have personal problems or who are experiencing difficulty in making the necessary adjustments to university life. In a large university this work would probably require the full time of at least one psychiatrist with his staff. The committee believes, however, that with a competent psychiatric social worker and a psychiatrist on part time a great deal of good can be accomplished and much can be learned. Students should be referred by deans, advisors, faculty members, or physicians or discovered by the utilization of a special questionnaire.

### Annual Conference of Child-Guidance Clinics

On February 20–22, the Division on the Prevention of Delinquency of The National Committee for Mental Hygiene, which is conducting demonstration child-guidance clinics as part of the Commonwealth

Fund Program for the Prevention of Delinquency, held its annual conference in Cleveland at the headquarters of the demonstration clinic there. The conference was attended not only by the staff of the division, but by representatives from The National Committee for Mental Hygiene, the Commonwealth Fund, the Bureau of Children's Guidance of New York City, the Joint Committee on Methods of Preventing Delinquency, and the Children's Memorial Clinic of Richmond, Virginia; also from the permanent clinics established in Dallas, St. Louis, Memphis, Minneapolis, St. Paul, and Los Angeles as a result of demonstrations by the division, and from the clinics at Louisville and Cincinnati, which were established after surveys by The National Committee for Mental Hygiene, but prior to the institution of the Commonwealth Fund Program.

The following special addresses were made: *The Conference—Its Whys and Wherefores,* by Dr. Ralph P. Truitt, Director of the Division on the Prevention of Delinquency; *The Child-guidance Clinic as an Educational Center for Mental Hygiene,* by Dr. Frankwood E. Williams, Medical Director, The National Committee for Mental Hygiene; *The Commonwealth Fund's Program,* by Barbara S. Quinn, Assistant Director, The Commonwealth Fund; *The Joint Committee on the Prevention of Delinquency,* by Graham R. Taylor, Executive Director of the Joint Committee; and an address by Rowland Haynes, Director, Welfare Federation of Cleveland, on the relation of the Cleveland clinic to the existing social agencies of Cleveland.

The greater part of the program, however, consisted of group discussions of the various problems connected with the work of a child-guidance clinic. Four general committees were appointed, to each of which certain phases of the work were assigned for consideration, to be reported and discussed later in open conference. The committees were as follows:

*Committee No. 1:* Dr. Lawson G. Lowrey, Cleveland, chairman; Dr. Smiley Blanton, Minneapolis; Dr. George H. Preston, Richmond, Virginia; Dr. Emerson A. North, Cincinnati; Phyllis Blanchard, Philadelphia; Grace F. Marcus, New York City; Myrtle Chase, Cleveland; Elizabeth Hayes, St. Paul; Mabel B. Ellis, New York City; Frances Harrison, Philadelphia; Deborah Barlow, Philadelphia; and Edna Hempe, Philadelphia, secretary.

*Committee No. 2:* Dr. Ralph P. Truitt, New York City, chairman; Dr. Harold I. Gosline, Dallas, Texas; Dr. R. R. Williams, Memphis; Frank J. O'Brien, Louisville; E. Koster Wickman, Cleveland; Ruth Mellor, Cleveland; Bertha Reynolds, Boston; Elizabeth Dexter, New York City; Barbara S. Quinn, New York City; Lillian Lathrop, Memphis; Katherine Brown, Philadelphia; Deborah Rosenblum,

Cleveland; Helen M. Towey, New York City; and Margaret Webster, New York City, secretary.

*Committee No. 3:* Dr. Christine M. Leonard, Philadelphia, chairman; Dr. George S. Stevenson, Minneapolis; Dr. M. L. Stiffler, St. Paul; Dr. Oscar B. Markey, Cleveland; Dr. Elizabeth Muensinger, Memphis; Grace O'Brien, Cleveland; Christine Robb, New York City; Mrs. Rebecca H. Boyle, Cincinnati; Dorothy Wallace, Cleveland; Sarah Ivins, New York City; Teddy Hodgdon, Cleveland; and Mildred Hogan, Cleveland, secretary.

*Committee No. 4:* Dr. Bruce B. Robinson, New York City, chairman; Dr. William Nelson, St. Louis; Dr. Harry M. Tiebout, Cleveland; Dr. Edgar V. Emery, Los Angeles; Dr. Richard H. Paynter, Jr., Philadelphia; Curtis E. Lakeman, New York City; Goldie Basch, Philadelphia; Hester Crutcher, Minneapolis; Frederika Neumann, Cleveland; Mary Laughead, Philadelphia; Lucy Bassett, Cleveland; Sue H. Mason, Philadelphia; Bertha M. Allen, Cincinnati; Sarah C. Hartman, Memphis; Eva Neal, Philadelphia, secretary.

The practical questions of policy and method that confront a child-guidance clinic are very well indicated by the topics chosen for consideration by these committees. They include the following:

I. What is the function of individual staff conferences?

II. How should the clinic safeguard itself against waste of time in staff conferences?

III. What kinds of publicity are desirable and what methods should be used to get desirable publicity? What safeguards are necessary in dealing with newspapers? To what specific ends can newspaper publicity be directed? On what clinic issues is it most worth while to educate the public? How can the number and kinds of referred cases be controlled through publicity?

IV. Is limitation of intake necessary?

V. What factors should be considered in apportioning clinic service to agencies?

VI. Habit-training cases. Are they a distinct problem differing in kind from other types of cases? How can one meet the problem of maintaining coöperation with parents in habit cases?

VII. Should child-study groups be stimulated in the community? How much responsibility should the clinic assume for them?

VIII. Problems of clinic organization.

IX. Problems involved in developing coöperation with other agencies.

X. What is the function of the open-staff conference?

XI. Schedules.

XII. Staff seminars.

XIII. How should the clinic become acquainted with the community's agencies and resources?

XIV. Organization and methods of handling executive and advisory committees of demonstration and permanent clinics.

In addition to the general committee meetings and conferences there were several special conferences on more technical phases of the work—one on medical and psychiatric questions under the chairmanship of Dr. Frankwood E. Williams; one on psychological and educational matters under the chairmanship of E. K. Wickman; one on statistics, with Graham R. Taylor as chairman; and one on the work of clinic secretaries, Edna Hempe, chairman.

### The Evolution of Research

"We cannot too clearly realize or too often repeat that research is the very center of the current of creative evolution and has the momentum of all the developmental urge behind it. Its spirit is to the new era what the Holy Ghost was to the early church. Once it made prophets and apostles, inspired visions, sent men to waste places to meditate as hermits, anchorites, ascetics crucifying the flesh, or impelled them to challenge rulers or to become martyrs. Now it inspires men to seclude themselves in laboratories, museums, studies, libraries; sends them to remote and perhaps hostile and dangerous corners of the earth to observe, collect, excavate, decipher, reconstruct extinct animals from fossils or fragments of bones and teeth, or to restore prehistoric life from vestiges and utensils in caves, cromlechs, relics of pile-dwellers; or to reconstruct temples, palaces, dwellings, and even huts from their buried foundations; perhaps to explore the sources of mineral, agricultural, and industrial wealth; or to study and control the ways of and antidotes for new microbes, insect pests, and toxins. Human culture began with the attempt of man to understand his own soul, its nature and destiny; and to this was soon added interest in his body and its diseases. Now we are studying his relations to his home and his mother nature and his social, industrial, and family life."—G. Stanley Hall, *Autobiography.*

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# MENTAL HYGIENE

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## SOME IMPLICATIONS OF THE LEOPOLD-LOEB HEARING IN MITIGATION*

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NO discussion of the Leopold-Loeb hearing in mitigation presents so acute an analysis of some phases of that case as appeared in a recent editorial in the *Journal of Abnormal and Social Psychology.*[1] With much that the writer of that editorial lays bare in his analysis of certain of the psychological and medico-legal phases of that *cause célèbre* we must be in accord. His exposition of the weakness of the modern expert-testimony system, with its opportunities for conscious or unconscious bias and its contentiousness, while not novel, must at least be regarded as of importance. However, his castigation of the legal profession,[2] one is bound to say, is on the whole unwarranted and impresses us as of the *genre* of Moore's familiar plaint:

> Since *sway of lawyers* first began,
> Man has forgot to feel for man;
> The pulse of social life is dead,
> And all its finer feelings fled.

For lawyers are coöperating, and eagerly so, with the medical profession. One has only to mention such names as Dean

* An address delivered by invitation at the annual dinner of the American Orthopsychiatric Association, New York City, May 9, 1925.

[1] Vol. 19, pp. 223-29, October-December, 1924. This editorial, *The Crime and Trial of Leopold and Loeb,* is reprinted in full in the Notes and Comments section of this number of MENTAL HYGIENE, pp. 654-60.

[2] "The fault lies at the door of the legal profession, which has been as obdurate to any reform as are the Irreconcilables of the United States Senate to the League of Nations."—*The Crime and Trial of Loeb and Leopold.* See note 1 above.

Roscoe Pound, Justice Oliver Wendell Holmes, and Judge Cardozo as evidence that the leaders of the bench and bar are as earnestly desirous of remedying existing weaknesses in the administration of criminal justice as are the most progressive of psychiatrists. None can blame them for insisting that scientific investigation and study must precede radical revisions of the structure of the law. For while the law must grow with the progress of science and civilization in general, it is also necessary that it be stable; the very term law implies such a necessity. And the development of a philosophy and a technique that will provide a healthy principle of growth in the law and at the same time maintain a necessary stability and predictability is one of the chief tasks of jurisprudence and practical law reform. It is the common meeting ground of legal philosophers and practical workers. An adequate discussion of this problem would require a book in itself. Here we wish merely to reiterate that issues are clouded as long as leaders in the two professions indulge in the relatively infantile occupation of hurling fierce adjectives at each other, instead of recognizing the limitations of the two professions and trying to reform the socio-penal procedure within those limitations. This much must be said, however—that some means must soon be devised to enable society to study its legal and penal machinery continuously instead of sporadically, dispassionately instead of hectically, and with reference to the usual run of cases, instead of with reference to the Guiteau case, the Thaw case, the Leopold-Loeb hearing, and similar gold mines of journalistic enterprise. Not while passions are inflamed and counsel darkened should the work of the study and revision of law and procedure be carried on, but calmly, scientifically, and steadily. These generalities must suffice for the present.

The remainder of this paper will be confined largely to two or three interesting points in the domains of psychological theory and psychiatric testimony that are raised by the author of the editorial in the *Journal of Abnormal and Social Psychology*. At the outset we must take issue with his severe criticism of a feature of the consolidated report of the defense experts in the Leopold-Loeb hearing in mitigation. This may best be summarized in his own words: "The terms

'abnormal' and 'pathological' are sprinkled all through the reports in describing the findings of fact, when the question of abnormality was the very question at issue, thus begging the issue.'' This grave charge is of the utmost significance for the testimony of alienists in future cases, and it therefore requires careful examination.

Two points must constitute the basis of an attempt to refute this serious criticism: (1) an analysis of the function of the alienist in modern criminal procedure and a consideration of the technique at his command to-day; (2) an analysis of some of the more important statements to be found in the joint report of the defense alienists.

1. Taking up the first point, let us for a moment consider the function of the expert who is called upon to testify, leaving out of account the hypothetical question as, in the final analysis, not being of much significance for our present purpose, since the experts, witnesses, counsel, and every one concerned know full well that the ''hypothetical monstrosity'' is none other than the defendant at bar. It is true that in theory the expert must first present the facts as he finds them, based, ideally, not only upon a study of the accused's mental condition at the time of the examination (from which his condition at the time of the offense may be deduced), but also upon an investigation of the defendant's heredity, his early-childhood and developmental history, and the like. But it is equally true that the expert's opinion must inevitably also be based upon an interpretation of those facts in the light of the expert's entire training and experience. Now even in general medicine not all diseases present a clear-cut symptom picture; not all cases that the general practitioner is called in to diagnose are ''textbook'' cases. The diagnostician must take account of averages. In questionable cases it is the man of experience and superior judgment who is called into consultation. Much more true is it in the ''border-line'' psychiatric cases that, at least up to the present, no clean-cut ''norms'' of the functioning of the various modes of mental life have been completely developed or can as yet be wholly relied upon. The psychiatrist considering the individual case must in part rely upon that more or less unconscious statistical process that has been going on throughout his experience

in observing, diagnosing, and treating many cases. In brief, in these contested, border-line conditions, individual experience and mature judgment are the principal instruments available *at present* to a legally ordered society in the administration of its criminal law.[1] Whether, if this be so, the law ought to provide for hearings in mitigation such as the Leopold-Loeb hearing is another question not strictly pertinent to the point we are discussing; it is a problem in socio-legislative policy.

In this connection, it should be pointed out that the Leopold-Loeb situation was a hearing in mitigation of punishment, not a trial—a fact that the author of the editorial we are discussing overlooks. The facts were admitted, as was also, theoretically, the guilt, in the legal sense of "*mens rea*". There remained but the privilege of appealing to the mercy of the court, which has the discretion in such cases of inflicting the death penalty or sentencing the convicts to prison for a term of years or for life. The information placed before the court as a basis for the intelligent exercise of its discretion had, then, to be furnished by men who, by reason of learning and experience in the fields of psychiatry and clinical psychology, were deemed especially qualified to enlighten the court. If the proceedings had constituted a trial, the jury would have been the final arbiter as, in the last analysis, they always are in such cases, regardless of the opinions of opposing alienists and of the technical "tests" of irresponsibility. In such event we would have been called upon to reopen here the old and vexed question as to whether the employment of a jury in such cases is justifiable. But here we are dealing with an instrumentality designed to aid the court in arriving at a rational basis for the exercise of its discretion.

It is of course greatly to be regretted that the experts of the defense and of the prosecution were not permitted, as they desired, to consult together, to receive the benefit of one another's views and to eliminate even the appearance of bias. But as the prosecutor was unwilling to accede to such a novel

[1] The law seeks to achieve the objectifying of testimony by means of the hypothetical question, but, as was said above, everybody concerned with a case, including primarily the expert to whom the hypothetical question is put, knows that it refers to the defendant at bar.

proposal, the only thing that could be done was done—namely, the experts gave their *opinions,* based not only upon the facts found in the particular case at bar, but upon their mature experience with many other cases of juvenile and adult offenders and with the mentally disordered. Only by an impossible feat of psychological legerdemain could they have left out of account their long experience, their observations of numerous types similar to Leopold and Loeb. Moreover, their professional value as experts would have been greatly minimized had they been men of but limited experience, unable to see the cases before them in the light of much dealing with similar individuals.

But, it may be protested, if this be so, then these experts were merely giving their own judgments in the matter, and were little concerned with what the facts showed. That the experts for the defense did take the facts into full account in arriving at their judgment as to the abnormality of the young offenders will, it is hoped, be demonstrated below by extracts from their reports.[1] Certain it is that their judgment, based upon the thorough psychological, psychiatric, neurological, and endocrinological study to which they subjected the defendants, should rightly have been given much more weight than the comparatively superficial examination made by the prosecution's experts. Indeed, as the writer of the editorial in the *Journal of Abnormal and Social Psychology* acutely points out, the experts for the defense represented the dynamic school of psychiatry; they made "a genetic study of the inner life of Loeb and Leopold", whereas "the state's experts represented an antiquated psychiatry and psychology". For these reasons we cannot agree with the editorial writer's conclusions "that the experts for the defense did not prove their case—requiring the Scotch verdict of 'not proven' ". They established at least a *prima facie* case of mental abnormality in the sense described below; and this *prima facie* case was not shaken by the experts for the prosecution for the reason that, since the methods and analyses of the latter were far less thorough than those of

[1] For these reports see "The Loeb-Leopold Case". *Journal of the American Institute of Criminal Law and Criminology,* Vol. 15, November, 1924. pp. 360–79.

the defense experts, their evidence should not have been given nearly as much weight as that of the defense experts.

2. With the above observations in mind, let us now consider the bases of the charge that in using the terms "abnormal" and "pathological" in their report, the defense experts were guilty of a gross *petitio principii.* We can, of course, go only superficially into the long and detailed reports of the defense experts; but we cite some extracts from their joint report to indicate that the editorial writer's stricture on this score is not warranted.

"The challenging fact in the personality of this boy [Loeb]", reads the defense experts' joint report, ". . . lies in his most remarkable unscrupulousness, untruthfulness, unfairness, ingratitude, disloyalty, and in his total lack of human feeling and sympathy with respect to the deed to which he has, with his companion, pleaded guilty."[1] Now these judgments upon Loeb's make-up were not constructed out of thin air or whole cloth. The experts are men of mature experience and high professional standing; they examined the entire life history of Loeb microscopically. They had the authenticated reports of social investigators; they spoke with friends and enemies of the youth, his family, his teachers, and others; they read and analyzed his correspondence. Their judgment was, moreover, reënforced by a careful study of Loeb's attitude throughout the trial. Commenting further upon Loeb's character, the experts say: "His characteristics assume a particularly abnormal nature when one views them in the light of the kind of home and social setting that he came from. The Loeb home has been noted for its high standards of virtue and culture and [as] a place where the task of bringing up children was viewed with unusual seriousness."[2] It is submitted that the use of the term "abnormal" is justified when based upon such evidence. As the experts state, "It is, therefore, clearly indicative of some abnormal tendencies in this boy himself that he should have developed the above characteristics and that he should have felt from early childhood estranged and not wanted in his home, so that at one time he told his mother that he was thinking of running away, and

[1] *Ibid.*, p. 372.
[2] *Ibid.*

that he should have missed during his developmental period the feeling that he could find some one who could understand him and to whom he could reveal his inner mental life." [1]

Why did the experts designate the phantasy life of Leopold and Loeb as abnormal? Not, as we see it, because most young men and children do not at all engage in the weaving of phantasies, but because of the nature of the daydreams indulged in by the defendants and because Leopold, for example, spent "a considerable part of the time each day in the weaving of phantasies. These daydreams, which have persisted continuously and with great vividness up to the present, have been indulged in to a tremendous extent and variety, forming for years a sort of serial story with many variations." [2] Moreover, the defense experts did not emphasize the *fact* of phantasy life nearly as much as they did the psychological significance of the type and extent of daydreaming indulged in. "The psychological significance", reads their joint report, "of the persistent intrusion of this kind of abnormal imaginative life into the daily existence of a child, and particularly into the life of an adolescent, is very great, since it has the power of eventually leading to the confusion of reality with unreality—as was the case here." [3] Moreover, they point out that "even as early as at twelve years there was outcropping of phantasy life in the world of reality—he [Leopold] began to identify actual persons with the characters in his imaginings. There began then a confusion of the real with the unreal which has come to play an increasing and most important part in his daily intercourse with others." [4] They then cite examples of this over a long period of time, and conclude: "In contrast to the imaginative life of normal childhood, which is always in touch more or less with the realities surrounding child life, Leopold's phantasies were from the beginning out of accord with the usual demands of social life, and never seem to have undergone the natural fate

[1] *Ibid.*
[2] *Ibid.*, p. 366.
[3] *Ibid.*
[4] *Ibid.*, p. 367.

of phantasy life in being increasingly matched or assimilated into the facts of reality."[1]

At one place the experts compare the phantasy life of the normal individual with that of Leopold, further indicating the justification of the term "abnormal". For example, they say: "One of the earliest of Leopold's waking dreams was related to his peculiar religious interests; he persistently visualized the crucifixion—the idea of somebody suffering, or, as he states it now, the idea of some one being nailed down to something, had an abnormal appeal for him. And it is most important to note that in his later phantasies he very frequently indeed played the rôle of the one who suffered."[2] In describing the "king-slave" phantasies, the experts assert that "the above is but a slight sketch of this realm of Leopold's mental life where abnormal thoughts and phantasies held sway. Very many details and variations of the above topics have been given to us."[3]

The phantasying of the pleasure to be derived from subjection to peculiar punishments, instead of the normal revulsion which such phantasying should produce in a child, is even more marked in the case of Loeb. For example, the report states that at the age of ten "he very strangely pictured himself frequently as being a prisoner in a jail yard. He would imagine himself stripped of clothing, shoved around and being whipped. This 'picturization', as he calls it, was worked out with great detail. There were other people in the yard, he was ashamed of seeing the others and particularly the women naked or partly clothed, he made a burrow in the earth where he felt warm and comfortable, people looked at him through a fence that separated the yard from the street; at first it was only people in general and then it was young girls who looked at him with wonder because he was a criminal and they sympathized with him. There was a great feeling of self-pity in this, but no feeling of fear. 'I was abused, but it was a very pleasant thought; the punishment inflicted on me in jail was pleasant; I enjoyed being looked at through

[1] *Ibid.*, p. 366.
[2] *Ibid.*
[3] *Ibid.*, p. 367.

the bars, because I was a famous criminal.' "[1] The experts give other examples of the elaboration and validity of Loeb's phantasy life. For example, it is pointed out that this youth, reared in the lap of luxury, said *spontaneously* when he entered the jail: "It's sort of all right, it seems, to be in jail. It seems to be a sort of confirmation of my early picturization. I had a very pleasant sort of feeling in the jail outfit when I first came in; this self-pity entered into it, but I was a little glad of the jail clothes, of being in jail. I was glad to have a ragged coat. When they offered me a better one, I refused it. The one they gave me was torn up the sleeve. I was living out being subjected to worse conditions than the other prisoners. I feel comfortable here. I am living it out—what I used to picture as a child."[2] This spontaneous reaction to the situation in which he found himself indicates the genuineness of his early phantasy life, and confirms the validity of the application of the term "abnormal" to that mental development.

If it be alleged that the experts were deceived as to the extent and significance of the phantasy life of the two malefactors, the following extract, from among others, is cited: "We are impressed with the validity of his [Leopold's] recital of this phase of his mental life because it is so explicitly similar in type to the phantasy life of which we are accustomed to learn during our studies of patients who have various sorts of psychoses (mental disorders). All of it came to the surface spontaneously in the original examination and then has been told to the different physicians with a free elaboration which is so characteristic in some forms of abnormal mental life."[3] Moreover, there were confirmations of the existence of the phantasy life even in early childhood.

In discussing the carrying over into daily life of Leopold's elaborate and systematized phantasies, the experts again use the term abnormal, as follows: "The abnormal and puerile unreality of Leopold's mental life is exhibited in the fact that he frequently told others that his companion was the superman, and often tried to convince Loeb himself that his mental

[1] *Ibid.*, p. 373.
[2] *Ibid.*, p. 375.
[3] *Ibid.*, p. 367.

powers were far above his own—knowing all the time that Loeb was thoroughly untruthful in boasting of his good marks in college, and that he was much inferior intellectually to Leopold himself. We can see how the ready acceptance of Loeb's suggestions with respect to their joint criminal activity fitted in perfectly with Leopold's phantasying for years himself in the rôle of a slave, first to a phantasy king and then transferring his allegiance to his idealized kinglike companion." [1]

From the foregoing extracts from the report it will be seen that the characterization "abnormal", as applied to the phantasy life of Leopold and Loeb, was based upon the following data, among others: (1) The nature of the phantasies themselves, since early childhood, consisting of topics with which the normal child is not even acquainted—to say nothing of taking delight in them—such as imagining oneself the subject of crucifixion and deriving pleasure from the thought. "Thus the normal child identifies himself with the persons in his immediate environment, he daydreams of being a motorman, an engineer, a policeman, showing thereby in his desires a normal response to the influences which surround him. These responses lead to the evolution of ideals and interests of a social quality which accords with the social status of the individual. Of peculiar significance in this case is the extent to which the ideals of the boy Leopold deviated from what might have been expected of him in his social setting." [2] (2) The elaborate extent and long persistence of the phantasy life. (3) The carrying over of the phantasies into reality.

But the employment of the concept "abnormal" was not confined in the experts' report to their analysis of the phantasy life alone of Leopold and Loeb. Throughout the report evidences are given of the development in Leopold from early childhood of an inconsistent admixture of inferiority and superiority strivings. This mental condition may again be regarded by some as quite common, but its extent and nature in the case of Leopold justify the designation "abnormal". The experts state: "The pathological admixture of inferiority and superiority concepts and strivings, not only in his abnormal imaginations, but also in his behavior reactions to

[1] *Ibid.*, 368.
[2] *Ibid.*, p. 366.

real life, is a matter of great practical as well as professional interest in this case. It reflects, on the one hand, the profound disorder of judgment which permits such contradictory ideas and impulses to live side by side, and it indicates a tremendous and altogether abnormal rift between Leopold's intellectual precocity and the emotional immaturity which made possible the ready acceptance by him of either rôle. The strange admixture demonstrates that no normally integrated or consistent personality was ever evolved in Leopold's mental life."[1] It must be remembered that the above judgment was based not only upon the mental and behavior history of Leopold long before he even contemplated the homicide, but upon his emotional life as analyzed and interpreted by the examiners: "All through the various examinations by each of us, Leopold spoke with the utmost indifference and lack of emotional display concerning the details of the Franks crime, freely acknowledging that he had not the slightest remorse or what might be considered anything like an appropriate emotional reaction. The same absence of feeling characterizes his adjustment to his confinement in jail, under conditions so utterly different to what he has been accustomed to, and particularly as a prisoner awaiting sentence."[2]

The experts minutely analyze the psychogenesis of Leopold's egocentricity; and a close study of such analysis must again convince one that the term "pathological", as well as "abnormal", fairly characterizes his personality. Early in life he placed his mother upon a parity with the Madonna and showed interest in matters about which, as was indicated above, a young child normally does not even inquire. Events in his life made him early believe in his own great superiority and difference from other children, and these attitudes resulted later in the transferring of "his own abnormal egotistical standpoint to his own immediate family life and—what is more significant psychologically—to his own origin".[3] Facts are of course given to substantiate these impressions.

The experts again use the term "abnormal" in discussing another feature of Leopold's personality make-up. This

[1] *Ibid.*, p. 368.
[2] *Ibid.*, p. 365.
[3] *Ibid.*, p. 362.

feature is one that, according to them, "students of abnormal psychology all recognize as belonging to the same picture—namely, that of the paranoic personality", and "is concerned with the abnormal and intense energy which he has for many years displayed". Now this is not a snap judgment. It is based upon careful study of Leopold during his psychological examinations, upon frequent contacts with him over a long period, upon the judgment and statements of persons who had come in contact with him over many years and under varying circumstances. "His relatives and friends speak of his restlessness and excessive mental energy, and we have various records of his great mental output." The experts again resort to the term "abnormal" in discussing Leopold's susceptibility to fatigue, as follows: "He has not been subject to the normal limitations of ordinary fatigue. There is much that bears upon this point. When interested in the study of birds, he would remain up all night in preparation for his early morning observations. He was continually reaching out for new subjects to study, and a list of what he has undertaken is really formidable. In the same way he continually sought new life experience, new ideas, new sensations." While it is generally conceded that the somewhat mysterious element of "interest" is an important factor in the elimination of fatigue, such an influence is but temporary. With Leopold, however, it was a persistent outpouring of mental energy: "His tense physical and mental attitude has been continued over many years and was noted by us throughout our examinations. In all this he presents what is known as the manic drive of the paranoic personality." [1]

Discussing the emotional life of Loeb, the experts use the terms "pathological" and "abnormal" as follows:

"Another outstanding fact in explanation of Loeb's abnormal career is the extraordinary moral callousness which has been growing upon him. He has become incapable of viewing his criminal acts with any natural feeling. Nothing, perhaps, emphasizes this point any more than the fact that it was possible for him to contemplate the kidnaping of members of his own family, particularly his younger brother, of

[1] Ibid., pp. 363–64.

whom he professes to have been fondest. This pathological moral obtuseness which all recognize who have been in contact with Loeb—especially when placed side by side with his intelligence and school achievement—points to a disordered condition of his personality and mental life, a type of condition not uncommonly encountered among the obviously insane. . . . His notoriously unfeeling behavior in connection with his immediate situation, as a person about to be tried for murder, is ample illustration of the depths of his emotional displacement or defect. The absence, all along, of normal remorse, revulsion, disgust, depression, fear, or even apprehension, in any way concerning the planning, discussing, and carrying out of the gruesome details of the kidnaping and murder, or in considering the outcome, also sharply emphasizes the thoroughly disordered character of his mental life.'' [1] It is submitted that in the light of the facts adduced and observations made by the psychiatrists, the characterizations ''pathological'' and ''abnormal'' constitute fair inferences.

More light is shed upon the reasons for characterizing the mental make-up of Loeb as ''abnormal'' by the following extracts from the report:

''His own astonishment at his lack of feeling is worthy of much note. He has repeatedly stated that certainly for years he had hardly any of the slightest evidences of being moved by ordinary sympathy. He says, 'I would have supposed I would have cried at the testimony of Mrs. Franks, but I did not feel anything much. I was not sorry about any of the things I did that were wrong. I did not have any feeling about it. I did not have much of any feeling from the first. That is why I could do those things. I think I am getting worse in my mind in the last few years. I used to be quicker in my mind.' 'There was nothing inside me to stop me.' 'Of course, I feel sorry about my folks, but not so much as I ought to feel.' And to the same point, we have the manifestation in him of the outward characteristics of affability, good manners, desire for friendship, pushed to the point of deliberate planning to achieve better social relationships, desire for sympathy, all in the strangest contrast to his satisfaction in

[1] *Ibid.*, p. 376.

conduct and in the thought of conduct that could easily be seen to include every chance of negating all these desires. This makes a contradictory picture, both in the realms of judgment and emotional life, that is incomprehensible except as it is seen so surely to involve mental abnormality."[1] These inferences, based as they are upon well-confirmed evidence, seem to us to be fair, and to constitute an important feature of the *Gesamtbild* of abnormal personality.

More extracts of the same sort from the joint report of the defense experts might be set forth, but enough has been given to indicate that the terms "abnormal" and "pathological" in the report were, in the main, justified by the evidence and were based upon careful study followed by a maturely formed judgment. This is all that can be expected, in the present stage of psychology and psychiatry, of any experts. Whether their judgment is of any reliability or not, or is consciously or unconsciously biased or not, are matters that must, when all is said, be left to the learning, mature experience, and integrity of the experts themselves, and their careers speak eloquently on this score.

The discussion of the emotional make-up of Loeb and Leopold has brought us to a most interesting point in psychological theory which is raised in the editorial in the *Journal of Abnormal and Social Psychology.* The author of the editorial says: "It may be insisted that the grounds on which this denial of the normal emotional life to Loeb and Leopold was based shows, according to the views of this school, a confusion of emotional reactions with sentiments. The grounds were that they showed no pity, remorse, shame, or other evidence of emotional appreciation of their crime and the situations with which they were confronted. It was not denied that they manifested at times the reactions of anger, fear, curiosity, joy, etc., though not, as alleged, adequately."[2]

Proceeding, then, upon the basis of Professor McDougall's account of the emotional accompaniments of the primitive, innate instincts and their "organization . . . with objects

[1] *Ibid.*, pp. 376–77.

[1] *The Crime and Trial of Loeb and Leopold.* See note 1, page 449.

and ideas by experience", the writer of the editorial ingeniously points out that "one school of psychology would maintain that what was lacking in Loeb and Leopold was not emotions, *per se,* but sentiments—the particular sentiments that in the vast majority of people have been cultivated and organized". While we are in accord with this theoretical distinction between emotions, as innate accompaniments of instinctive drives, and sentiments, as organizations of those emotions about external objects or with ideas in the course of experience, we must insist that it does not by any means follow that the sentiments are *primarily* the products of those ideas or thoughts of those objects. It is of course difficult to say to what degree primitive emotion enters into the complex end-product that we call a "sentiment" or "complex" or "phobia". But on the basis of Professor McDougall's own psychology, which the editorial writer apparently uses as his instrument of attack, we should say that, in the formation of those complex psycho-experiential entities called "sentiments", the emotional life plays the predominating rôle. Further, there is just as much ground for interpreting the evidence adduced by the study of Leopold and Loeb as indicative of an innate pathological emotional life as there is for conceiving it, as does the author of the editorial, as indicating wrong sentiments (or the absence of good sentiments), due to what he vividly designates as "half-baked philosophizing and intentional suppression". While it is true that the facts indicate that Leopold, especially, systematically suppressed all normal sentiments, it is also in evidence that at a very early age both Leopold and Loeb manifested emotional peculiarities, such as—in the case of Leopold—excessive outpouring of mental energy, peculiarly intense and emotionally colored interests in subjects of which ordinary children are not even cognizant, lack of capacity to develop many of the ordinary inhibitions, and the like, and—in the case of Loeb—early lack of moral feelings ("moral obtuseness"), lack of any sympathetic response to situations that ordinarily evoke it, lack of "fear, or even apprehension".

The writer of the editorial seems to believe that the defense

psychiatrists were proceeding upon a theory essentially contradictory to that of Professor McDougall, considering the defense theory as to what he calls "split personalities (based upon the alleged lack of development of the emotions)" as inconsistent with Professor McDougall's theory of the organization of sentiments upon an instinctive-experiential basis. We cannot, however, on the face of it, see that an interpretation of the evidence adduced, as indicative of an infantile *emotional* life existing side by side with a normal or even supernormal development of the intellective mode of mental life, is necessarily inconsistent with the hypotheses of the school represented by Professor McDougall; nor can we see that it was incumbent upon the experts for the defense to point out the alleged inconsistencies between their own hypotheses and those of other schools of psychological theory.

The organization of the primitive instinctive trends into sentiments is not a mental process that has been demonstrated to operate primarily from the intellectual mode of mental life inward to the conative-affective cores of the personality. If the process is not just the reverse (as the psychology of the deteriorating psychoses would indicate), it is at least a coördinate process, working back and forth. When one looks, then, in any actual case under consideration, at the end products—that is, the organized system of sentiments and complexes—alone, one is forced to conclude that it is just as likely that "abnormal" sentiments—or the lack of "normal" sentiments—are due to an innate pathological condition of the instinctive-emotional cores of sentiments and complexes as that they are the fruits of deliberate, conscious, wicked development of antisocial ideas from the outside inward. The only way to get at the ultimate facts, if at all, is of course by considering the evidence in the individual case as far back as it is obtainable; and this, as we stated, is to our mind just as indicative of the theory of a pathology of emotional life as it is of the theory of conscious development of antisocial sentiments through "half-baked philosophizing and intentional suppression". Taken, however, in connection with the other cumulative and corroborative evidence of a generally dis-

organized personality (such as the widespread, long-persisting phantasy life confused with reality, the extreme egocentricity, excessive and continuous outpouring of mental energy coupled with non-fatigability, far-reaching admixture of inferiority and superiority trends, and the like) they impel to the conclusion that the scale of evidence inclines in favor of the theory of a pathological emotional make-up, leading to an abnormal mental development and abnormal interests, phantasies, and eventually behavior.

The hypothesis of sentiments and complexes does not rule out the possibility of abnormality of instinctive, and hence of emotional, life in some individuals. Certainly, it would not be denied that an instinct that is directed from the first toward an abnormal object—an object that in most people is not its normal goal—may be designated as "abnormal" on its "executive side". If, for example, the sex instinct in a certain individual is, from the first, driven toward a goal of satisfaction that is different from its normal goal, and if the patient is not consciously aware of this organic tendency until he later learns of it, such an instinct can rightly be characterized as pathological; more important and pertinent to this point, its emotional accompaniments, regardless of any high degree of intelligence or literary or other gifts that may exist in the individual of such make-up, must also be regarded as abnormal. Finally, any sentiments organized about such abnormal conative-affective life as a central core would, by and large, also be regarded as abnormal. Thus we cannot see that McDougall's account is at all inconsistent with the so-called "split-personality" concept. And if, in the experience of the experts, such a concept has been found valid because it satisfies the important scientific criterion of usefulness in diagnosis, therapeusis, and prognosis, we cannot see that the experts were called upon to enter into hair-splitting and hopelessly confusing polemics as to distinctions between hypotheses.

But aside from this, Leopold and Loeb, the experts state in their report, evidenced not only lack of remorse or sorrow—which Professor McDougall regards rather as "derived" than "pure" or "blended" emotions—and not only a lack of certain commonly found sentiments to which the author of the

editorial alludes in the course of his argument, but also a paucity of such pure emotions as fear and anger, and such "blended" emotions as pity. In other words, they evidenced a paucity of certain of the innate elements for the development of proper sentiments. The lack of clean-cut distinctions between sentiments and primitive emotional responses in the report is apparently more attributable to a hasty and careless use of terminology than to any confusion of the concepts on the part of the experts. Indeed the editorial critic of the experts himself lapses into the same error in the very paragraph in which he uses McDougall's distinction between emotions and sentiments to attack the report of the experts. For example, while, according to the context, he regards pity as a *sentiment,* he overlooks the fact that Professor McDougall himself includes pity among his "blended" emotions—that is, among his *primitive, innate* emotional reactions, which are the result of the simultaneous operation of two or more instincts, and not among his derived emotions, which latter have much of the intellective element in their make-up. "Pity", says McDougall, "is the tender emotion of the parental or protective instinct, tinged with sympathetic pain or distress."[1] That is to say, pity is a blended, but none the less *constitutional* emotional response. Consequently, the almost total absence of pity on the part of Leopold and Loeb is itself a refutation of the attack on the experts' report. Similarly, the editorial writer apparently includes joy among the primitive emotional reactions, in using the argument based on McDougall's psychology, but according to McDougall's own account of our instinctive life, joy is not really a fundamental, innate accompaniment of an instinctive drive at all. It is rather one of the "derived" emotional experiences.[2] A moment's reflection must convince one that this account is substantially correct; for the experience of joy may follow upon the working within us of either of two contradictory desires, as, for example, the desire of hate or revenge, on the one hand, and the desire of love, on the other.

On the basis of the above discussion, the only real ground

[1] *Outline of Psychology,* by William McDougall. New York: Charles Scribner's Sons, 1923. p. 336.

[2] *Ibid.,* pp. 343–44.

for criticism of the experts' report, as we see it, is their too frequent use of superlatives. This merely indicates that even scientific experts cannot remove from their reports the stigmata of emotionalism when issues of life and death hang in the balance. It is extremely difficult, even for scientists, to maintain that purely hypothetical objective attitude we hear so much about. When once these experts had made up their minds that the terms "abnormal" and "pathological" correctly characterize the mental make-up of Leopold and Loeb, it was naturally a difficult psychological feat first to list minutely all the evidence for their conclusions and, secondly, to give those conclusions. Nevertheless, it must be frankly stated that their report could have been couched in more temperate language.

We may summarize our remarks as follows:

1. At the present stage of development of psychology and psychiatry, the best possible instrumentality at the command of the legal order, especially in a hearing on the question of possible mitigation of punishment in the "border-line cases", is a thorough psychological, neurological, and psychiatric examination along the lines employed by the defense experts in the Leopold-Loeb hearing. To insure an unbiased interpretation of, and report upon, those findings, some instrumentality must be devised and adopted whereby the experts are not even placed in the position of a suspicion of possible conscious or unconscious partisanship. In the absence of such machinery, the defense experts in the Loeb-Leopold hearing took the initiative in urging an impartial conference between themselves and the prosecution experts, and the latter were on the whole willing so to confer; but public opinion, whipped up to a frenzy by a yellow-journalized press, exerted too much pressure upon the prosecutor to make such impartial, scientific procedure possible.

2. The use of the characterizations "abnormal" and "pathological" by the experts for the defense, although apparently not as careful as it might have been, did not, on the whole, constitute a begging of the question, any more than an expert is begging the question if he makes a pronouncement upon the weather, calling it "abnormal" for the time and place, and in so doing bases his judgment both upon

his atmospheric observations as to moisture, heat, wind, clouds, and the like, and upon long experience in weather forecasting, as one of the leaders in the profession. The degree of precision achievable may perhaps be different in the two cases; but the principle involved, assuming the integrity and professional qualifications of the weather expert and the alienist, is the same in both cases. That alienists disagree in the interpretation of the facts is a condition inherent in the case; so do expert weather forecasters, or, for that matter, judges on the appellate bench who deal on the whole with a predictable science, disagree. Absolute precision, at the present stage of psychological and psychiatric learning, is an impossible ideal; the employment of experienced, trustworthy, and unbiased experts is possible.

3. The defense experts did not confuse emotions and sentiments (except for their occasional careless use of terminology); and McDougall's psychology, which makes this distinction most clearly, is, on the whole, not inconsistent with the stand taken by the experts as to the apparent existence, side by side, of a normal or even a supernormal intelligence and an infantile emotional life. If an almost total lack of development of the constitutional emotional bases for the organization of certain fundamental social sentiments is a sign, together with many others, of mental abnormality, then, on the evidence before them and in the light of their knowledge and experience, the experts rightly characterized Leopold and Loeb as "abnormal". On the basis of their clinical experience with hundreds of mentally ill persons, many of them of types not very unlike Leopold and Loeb, the experts rightly concluded that the evidence before them pointed not only to abnormality, but to abnormality of such type and degree as to be clinically classifiable as "pathological". Nevertheless, the report of the experts might have been much less open to criticism of the kind discussed in this paper had it been couched in more temperate language.

# MENTAL HYGIENE IN THE COLLEGE CURRICULUM*

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ONE always feels some hesitancy in speaking as a layman before experts, upon a subject within their field. I represent not the oldest women's college, however, as Dr. Mezes so kindly suggested. Vassar must disclaim that honor, although it is perhaps the oldest of the larger colleges for women to-day. There were many colleges for women already in existence when Vassar was founded, in 1861. But it is a college in which the question of hygiene has from the first been of major importance. It was one of the earliest, if not the very earliest, of colleges to have upon its staff a full-time physician. It was one of the earliest, if not the very earliest, to have elaborate physical examinations made by the department physician. As far back as 1884, the pamphlets and books of Dr. Eliza Mosher, physician of the college, whose fifty years in medicine were so signally celebrated the other day here in New York, were given by the physician to the college and distributed among the students. The greatest care from the first was exercised by the college in the control of the social environment in the interests of hygiene. Matthew Vassar was an Englishman, and he believed in exercise. He was a radical in education, a suffragist even in 1860. One of the first three buildings erected on the campus was a riding academy. The very fact that out of three buildings erected for education one should be an academy for physical exercise was significant in 1861.

We have seen at Vassar—as teachers have seen in all the other colleges—the development of the curriculum, chiefly in the direction of relating knowledge directly to life. One

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might almost go so far as to say that this is the only direction in which progress has been attained in our curriculum in recent years. The studies that have been introduced into the college curriculum from the sixties until now have chiefly been in this field. Economics and political science have related to life the laws worked out in the latter eighteenth and the early nineteenth century dealing with man's labor. When my father was in college, there were few departments of political science. The debating society existed, and as he went to a college on the Ohio River, there used to be duels immediately following political debates, especially when they were on the subject of slavery, and several men in his class were shot in these duels. Out of those notable political debates grew the departments of political science in our colleges. Out of the interest of the students in what was going on in this great country, its industrial organization, its conquest of a continent, grew the departments of economics. In the same way our interest in the race and in mankind in the large have resulted in the teaching of ethnology and anthropology, derivative sciences, applying geography, geology, climatology, comparative psychology, and so forth, to the human race in our time. Psychology and physiology have been two of the most recent sciences to be put upon a thorough laboratory basis. It is indeed only within the last ten years that physiology has been set up as an independent department with full laboratory privileges. The same thing holds true of geography and of the study of primitive history. We are trying, in other words, by every means to approach the problem of man and his life on the earth through whatever science can contribute. Even in the field of the exact sciences, so-called, like chemistry and physics, the tendency has been toward the application of the sciences to man and his needs.

Now, with this application of knowledge to life, there has grown in the American college an increasing acceptance on the part of the college administration of responsibility to the student—one might say, rather, responsibility for the student. In the European university there has never been this degree of responsibility. If we take as a typical university the University of Vienna, you will find there practically no recognition on the part of the university of the students as a

society requiring recognition by the faculty of their conditions of life. Such recognition is an Anglo-American idea. If you go to the University of Koenigsberg, you will find a student union and a very handsome building, although it wasn't erected by a German. It was erected by a German-Amercian, who went to his old university after a life in America and gave them this building in order that the students of that university might have a central hall. The old idea that the student was perhaps interfered with when the university assumed authority for him has been prevalent in the European university. It is true, of course, that the majority of the students have been somewhat older than the students in our colleges; nevertheless, particularly in the last few years, when the student class of Europe has suffered such great want, the need of a recognition of this principle of responsibility by the university for the student has been keenly felt, and in recent student meetings in various parts of Europe resolutions have been adopted asking the universities to assume more responsibility.

A middle stage exists in a university like Upsala in Sweden. There the students are organized into "nations", and each nation is responsible for the proper housing and physical condition of its own members, and for their social behavior, and no student is permitted to come up for examination in this university until he has been certified by his own nation as a well-deserving member of the university society.

Our American plan is far more extensive than this. The college has been recognized as a social organism and its environment as a social one for the purpose of experimentation, for the education of the student, for the development of his powers as a citizen, as a neighbor, as a member of society at large. We have recognized this responsibility by maintaining our laws of order and control. It is possible that we have been too paternalistic in this particular in times past. However, I do not think so. What is needed is that with the application of these principles of progressive education to this laboratory planted on the college campus, the student shall be made to feel his own personal responsibility in the problem, and shall share, by initiating himself the experiments that are undertaken, the interest in the project which alone gives

him an enthusiasm for the work. I venture to say that in such a college as Vassar no more serious problem confronts both the student and the administration than this question of hygiene, whether it be personal, social, or mental.

We are investigating the reasons why our students leave college. We are at present giving degrees to between 70 per cent and 80 per cent of those who enter, and that is a good average in comparison with other colleges of our class. But there are still, in the group of those who leave college during the college course, a considerable number of individuals whose academic careers would have been saved had the principles of hygiene been more properly applied. More students who leave Vassar College give health as a reason than any other cause; indeed, probably half of our students who leave give health as a cause.

From the point of view of disciplinary problems, hygiene is equally important. Student failure in personal hygiene is largely responsible for the breaking of rules—in fact, the two things are coincident. The rules of hygiene require a reasonable schedule of time. For instance, once a student is assigned a topic in a certain course and then puts off the writing of that topic until the last week of the semester, and then sits up all night for three nights drinking strong coffee and writes the topic in that time, the failure occurring in that topic is due to a lack of hygiene rather than to any other reason. Most topics written under such conditions will not represent the best scientific principles. An extreme case of this method of hygiene occurred not long ago at Vassar College in a student who was a substitute upon the debating team and who was suddenly called upon to take part in a debate. It was found that she had not completed her swimming requirements at the college; so she was taken by the debate committee to the gymnasium and was rescued by the physical director after about four hours of swimming in the tank trying to make up eleven hours of swimming for a debate that was to take place the next day. That is a striking instance, but it is not more foolish than some of the maladjustments that the students make with their schedules when, having come for the first time into a place of comparative freedom, they find themselves in possession of their own

time and space. It is inevitable that the requirements of exercise, of sleep, and of play should suffer in an environment that is chiefly stimulating toward the mental life; consequently our dean's department and our warden's department, and every officer of the college that has to give advice and guidance to the students in their work, must first emphasize this question of personal schedule and hygiene.

No less important is the development of social hygiene in college. By social hygiene I do not mean sex hygiene, but real social hygiene, in its larger meaning. The requirements of living well together in a dormitory life, upon a campus with many excitements of different minds, the reasons for quiet and for order, for considerateness in relations with other people, for courtesy and good will and coöperation—these things are not to be taught the student to-day as a basis simply of good influence. They are the fundamental bases that make possible living together at a college, and it is essential that the college should assume responsibility for bringing about in that environment an introduction of these principles as the fundamental ground of social hygiene.

Now this same thing, it seems to me, holds true in this last and perhaps most important branch of hygiene, the mental one. Here I speak entirely as a layman, simply as a teacher —for I still conduct classes—and as an administrator. I believe thoroughly in the introduction of mental hygiene into the curriculum and particularly into the life of the college. As a teacher, I feel sure that it should be introduced into every normal college and into every course that is for the training of the teacher; an elementary knowledge, at least, of what has been thus far accomplished in this new field is of vital importance to the teacher. The maladjustments in society to-day are so extensive that the teacher in the modern college is apt to look for them as a matter of course, rather than as the exception. From the point of view of discipline in the college, we find maladjustment at the root of most of the cases. I cannot give you anything like exact figures. I do not believe in using the term "percentage" in this matter—it doesn't mean anything. But I do know that our administration of discipline at the college, in the student self-government, and in the academic field, is at bottom a question of

mental hygiene in most of the cases that have come before us. In a great many of the cases that come up for academic discipline, the divided home is responsible, or appears to be responsible, for the personal problem of the student. In nearly every case that has come before me, I trace back the difficulties to the family. In many cases we find, by reference to our own officers, that the problem of nervous instability is one to be taken into consideration, and the result is that in our system of administrative discipline to-day, before any student is brought to trial by the student court, before any student is dropped from the college rolls for academic failure, the knowledge to be found in our personnel bureau—which is conducted by a psychologist who has had clinical experience —the knowledge from the physician's office, and the social information from our offices of government are weighed, and in most cases they are the determining factors in the case.

In student relations also, it seems to me, it is essential that the principles of mental hygiene should be understood. I believe that a great deal of the injustice that students practice toward one another would be eliminated if they understood some of the causes that produce the behavior of the individuals in various cases. I know that our students who administer student discipline have been profoundly impressed with the knowledge that they have gained as a result of reports from our various officers. In cases where nervous instability has been indicated, we have referred the case to our consultant in mental hygiene. Last year, for the first time, we added to our staff Dr. Austen Fox Riggs as consultant in mental hygiene at the college and lecturer on mental hygiene, and the results obtained by him have already proved to us that in the past there must have been a good deal of injustice due to our ignorance of the problems of personality in the students who came up before us. There were at least three cases in the last academic year in which students who three or four years ago would have been expelled immediately from the college as a result of their behavior, without any opportunity to make good, were, upon the advice of this consultant, allowed to remain and have come out of their difficulties successfully. We have not understood the reasons why students do the incredible things they do sometimes, and we have put

them down to badness, naughtiness, moral depravity, disregard of the high ideals of the college, and so forth. We have expelled these students with more or less publicity. We have brought a stain upon their honor and grief to their family. We have confirmed in them a distinct antisocial attitude as a result of our treatment, when, if we had had this expert advice, we should have recognized the condition for what it was and should have been willing to coöperate with the expert in turning the student's whole situation back again to normality. If this were not so public a place, I would go personally into some of these cases, but I can say to you that they involve all sorts of breaches of discipline. In colleges where I previously taught, at the time when I taught in them, such actions as cheating would have resulted in immediate and public expulsion. Thanks to the mental hygienist, we have found in certain cases that these things can be fully accounted for. Stealing is another not uncommon phenomenon in the modern college, and a number of cases of this nature are undoubtedly due to maladjustments that can be cured by mental hygiene.

There is also very reckless social behavior due to too stimulating suggestion on the part of classmates. Groups of classmates often find that a certain girl likes to be prominent in a foolish way. It is a kind of satisfaction for not being prominent in some other more worthy way.

Such girls will be stimulated by the group into committing actions of which they would otherwise never be guilty. If the group attitude is corrected and the coöperation of the group is enlisted in the rehabilitation of the student as a normal member of society, this foolish behavior vanishes. One such student recently had to leave the college in order to obtain the necessary treatment; on her return, her attitude seemed entirely normal and she has graduated successfully.

Recently Dr. Riggs addressed the Vassar faculty on the job of the psychiatrist. The faculty invited him to deliver this lecture. A lecture does not usually bring out the whole faculty, but there was standing room only on this occasion, indicating the interest of the modern teacher in this subject. This has not been the first time. Dr. Salmon has addressed our teachers and our student body. We hope in the future

to begin with the most general lectures and with the most general principles. Then, emphasizing always the normal rather than the abnormal, we may introduce mental hygiene into our freshman course in hygiene, and introduce into student life and student government some applications of the subject. Finally, through our personnel research bureau, in the control of the psychologist, and through interviews that the mental hygienist has with the students whose maladjustments are referred to him, we may work out some kind of course to be introduced into the department of hygiene, incorporating most of these forms. We already have at the college, and have had for a number of years, an advanced course in the department of psychology, called abnormal psychology, and many of our students, as some of you know, have gone out from Vassar to work in the field of abnormal psychology; but this is a course for experts, for advanced students, and only those ought to take it who are fully grounded in the general principles of psychology. I fancy that most of the facts that are taken up by the mental hygienist are identical with the matters discussed in that course, the main difference being that the mental hygienist is working on the principles of normality; whereas in the other course it is the divagations from normality that are chiefly studied. It has yet to be proved to me that this other material can be safely entrusted to the average undergraduate body before they have had at least two years of work in psychology.

I think there is coming in the American college, and coming very fast, a new integration of certain branches of the curriculum around the problem of the individual and the environment. At Vassar we have used the word "euthenics" to describe this grouping, introduced by Ellen S. Richards, professor of sanitation in the Massachusetts Institute of Technology and a graduate of Vassar. By euthenics we have meant what might be called human engineering—the application of science to the development of more efficient human beings, just as civil engineering or electrical engineering in most colleges develops a higher efficiency in regard to transportation, industrial power, and the like. It has been a question of developing the personal power in the human individual, and it is a field in which women seem to have a great—indeed a

predominant—interest at the present time. In some colleges this has been called the division of health. One difficulty with this word is that it emphasizes simply one phase of the subject. A specialist is very apt to include in his own field all the fields of the other experts. One meets a nutrition expert, for example, who includes under the word "nutrition" all that field which is included in the word "hygiene"; one finds the mental hygienist apt to refer everything to his own field; one finds the endocrinologist ascribing all maladjustments to the failure of some ductless gland or other. The colleges need to be very careful in accepting any one course, or any one science, lest it be not properly defined. But I think that there will be a division of health in all of our colleges, including the branches of physiology, psychology, the department of personnel, the dean's office, and the officers of vocational and other guidance, hygiene, nutrition, student government, and physical education—all these activities in the modern college centralizing themselves for the purposes of giving to the student all that has been developed in all of these fields, and coördinating our whole college life in the interests of the more efficient individual. This is all still highly experimental. The field of mental hygiene is still so experimental that I think it cannot be introduced, as I have said, in a general course open to all students. It is even questionable whether the literature on the subject should be publicly available, except to those who have already had some grounding in the general sciences of physiology and psychology. But that it is coming, and coming rapidly, I am convinced, and I bear testimony here—as one whose responsibilities for conduct, for the reputation of the college as represented in the lives of its students, perhaps also of its graduates, involve daily decisions that affect the lives of individuals, as representing a faculty who are deeply interested in individualizing every student—that we feel nowhere in the curriculum the need of more instruction and more study than from the field of mental hygiene.

# A MENTAL-HYGIENE PROGRAM FOR COLLEGES

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IT can no longer be doubted that there is a definite problem of mental hygiene in colleges. Whether those students who are suffering from actual mental breakdowns and markedly abnormal behavior are being adequately cared for or not is only a small part of the problem. There still remains to be considered the large body of adolescents, who are guided intellectually and physically, but left to self-education in the most subtle and profoundly significant field of their own emotional adjustment.

The question is, Just what is the field of mental hygiene in colleges, and what practical working program can be devised to meet it? This program must take into consideration not only the type of student in the college and the morale of the student body, but also the present conventions of education, the present organization of the colleges, and the type and training of the faculties.

Any program that ignores the actual facts of the present college system *is bound to fail. To meet the needs that arise out of these situations, mental hygiene must be an integral part of the educational system or it amounts to little.*

The problem of mental hygiene for colleges must be divided into two phases—first, the maintenance in their normal relationships of those whose adjustment to society is fairly normal, helping the student to understand his own impulses and to get along with his companions; and second, the bringing into normal relationships with their environment of those who have failed, to a greater or less extent, to establish or to maintain such normal relationships.

*The great work of mental hygiene lies in the prevention of failures and mental breakdowns through a specific type of education.* Its chief function is the training and discipline of

the emotions. The mythical normal person does not exist. All people are possessed of primitive tendencies that must be directed and modified and of conflicts that cause waste and failure. The very word "normal" connotes an idea of abnormality that does not exist in fact and divides people into artificial classes of normal and abnormal. A careful study of people who have in no wise broken down reveals the unplumbed childishness and unreasonableness of all so-called normals—controlled, under most conditions, and overlaid by social customs and by civilization.

Every student, whether a failure or a success, would be benefited by an understanding of himself, and that understanding should be given him as an integral part of his education. Such an understanding will not only help the individual to adjust in the more obvious ways and prevent his breaking with his environment, but—and this is of as great importance—will help him also to realize his highest potentialities.

Colleges have, of course, always made an effort to do just this; indeed, the theory on which the college is founded is that giving a youth an insight into the past of his race, through literature and history and the accumulated knowledge of the sciences, will develop just this capacity for adjusting. But in spite of the best of intentions and the most honest of efforts, the colleges have failed because it has been within the last twenty years only that the laws governing the emotional life have been formulated.

A study of more than one thousand unselected college students, juniors and seniors, has shown that fully half have emotional difficulties that will prevent them from realizing their highest possibilities, while fully 10 per cent have maladjustments serious enough to warp their lives and in some cases to cause mental breakdowns unless properly treated.

An intensive study of one hundred and four unselected college students, juniors and seniors, gave the following results:

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| Eighty-five | suffered from self-consciousness, timidity, stage fright, fear of reciting, or anxiety when meeting people. These attitudes were so well marked that the students themselves felt that they constituted a severe handicap to their social adjustment. |
| Seventy-four | had feelings of insecurity, inadequacy, or inferiority so definite that they felt handicapped by them. |

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| Seventy-two | had friction and conflicts with either one or both parents so marked that it made them distressed and unhappy. |
| Fifty-five | had problems relating to their love and sex life that needed adjustment. |
| Fourteen | had religious problems. |
| Fourteen | were upset because they had chosen the wrong vocations or did not know which ones to choose. |

This was a study, not of abnormal students, but of an average group of college juniors and seniors. They wrote their life histories and this was followed by an interview in each case. There is no reason to think that any college group would show more normal adjustments.

Not that the psychiatrist wishes or expects to make all these people uniform. Such students need mental hygiene, not because they have emotional difficulties severe enough to cause, ncessarily, mental breakdowns, but because their conflicts do interfere profoundly with their work and cause them to be less efficient and less happy than they are entitled to be, and because, also, they will carry these conflicts out into the world on graduation and be less efficient members of society.

It is to be expected that the adolescent in college would have many emotional problems, since that is the period at which the individual is essentially in conflict with our present social organization. Students come from homes in which the discipline is of many varieties. Entering the comparative freedom of college life, they are thrown on their own resources and develop attitudes and conflicts that interfere with their social adjustments.

Many of the non-constructive radicals and persistent breakers of college regulations are students who are transferring over to the college authorities their conflicts against authority, which started in the home or in the preparatory school. The student is required intellectually to meet adult standards while his emotional life is still that of an adolescent. As a result, we find students who are morbidly sensitive or anxious or moody or timid or egocentric or suggestible or seclusive, who require delicate handling if their intellectual potentialities are to be brought out, for a maximum of intellectual achievement is not likely to occur where emotional conflicts are present.

A faculty member in one of our universities, who is widely known for his sympathetic understanding and wise direction of students, suffered during his college days and is still troubled with an excessive fear of closed places. Even now he does not feel quite comfortable in a room with the door closed. He speaks feelingly of the profound distress and great inconvenience due to this symptom and of how much the relief of it would have modified his life.

In the minds of most people the relatively rare, but very disrupting difficulty—the murder or suicide or erratic behavior that brings notoriety to the college—overshadows the subtle, inconspicuous, but pressing problems in the life of the average student, but the latter, nevertheless, constitute the main problem. The great body of normal students require self-understanding and training of the emotions if they are to be truly educated.

Dean Johnston, of the College of Science, Literature, and the Arts of the University of Minnesota, recently said: "College authorities must realize that times have changed. They can no longer lay out a curriculum and tell the student that he must follow out that curriculum, and leave the rest to chance. The first two years of a student's life in college should be devoted to finding out about himself and his own problems. He should learn to understand himself so that he is a smooth-working machine, and not be filled with conflicts and inhibitions and go jerkily along like a poor machine out of gear."

In the early days of the college, when the student body was smaller, the contact between members of the faculty and the students was so close that the faculty were, in a way, prepared to handle the personal problems of the students. When industry was in its infancy, the owner of a plant and his family were sufficient to look after the welfare of the workers, but owing to the growth of industrial units, this is no longer feasible nor, indeed, is it considered desirable; the help given then was indiscriminate and often destructive and pauperizing. This is true of the universities as well. Sympathy and human interest are inadequate and are often given in an actually destructive form. In industry the welfare department has been evolved to meet this need. Something comparable to this must be evolved for the universities.

Various means have been devised for guiding students and helping them to meet their personal problems. In some colleges a psychologist from the department of psychology is devoting part or whole time to consulting with students who need guidance or who have emotional difficulties.

Sometimes the problem is met in the student health service by a sympathetic physician who has "psychiatric leanings".

A personnel officer has been employed by some colleges who serves as an advisor for the students.

One college, at least, is employing a psychiatric social worker who, in conjunction with the psychiatrist in the student health service, will consult with students who have emotional difficulties.

But educators realize that this is only partially meeting the problem—that these methods are more or less stop-gaps, for use only until a more comprehensive program can be worked out. Mental hygienists feel that this problem can be met adequately only by the organization into a mental-hygiene clinic, headed by a psychiatrist, of all the forces that deal with the adjustment of the student.

The name that is given to this mental-hygiene clinic in the college is very important. The word "clinic" should, we think, be avoided. We would suggest the title "student advisory service". This connects it very definitely with the student health service, but at the same time avoids any implication that it deals with psychopathic or abnormal students.

The duties of the advisory service should be:

1. To coördinate all college activities that have to do with the students' mental health and emotional adjustment.

2. To act in the capacity of a clearing house between the faculty and the student, making the faculty more easily accessible to the student and at the same time relieving the faculty and deans of many of the time-consuming interviews and duties that at present devolve upon them. It should, however, have no disciplinary power.

3. To study and advise in regard to all overt problem cases sent to it by the student-council discipline committee, students' deans, and so forth.

4. To conduct courses in mental hygiene adapted to the

need of the student body to acquire a better understanding of their own emotional make-up and problems.

5. To consult with each student in the mental-hygiene courses and to keep in touch with such students as may need continued direction.

6. To coördinate the vocational-guidance work with the other phases of emotional guidance.

It is essential that such an advisory service be headed by a psychiatrist—a physician who has specialized in psychological medicine. The psychiatrist is familiar with abnormal behavior and is able to determine when he is dealing with simple types of behavior and when behavior borders on the pathological. To be an effective analyst of the emotional life and of all situations in which the adolescent finds himself, the psychiatrist must have seen individuals in all the various stages of behavior from normality to complete breakdown.

The psychiatrist studies the individual from every point of view. He studies the glands of internal secretion and the nervous system, as well as the intellect and the emotions, and his training helps him to realize what types of behavior are modifiable by simple environmental changes, what types require simple psychotherapy, and what types require prolonged and special kinds of treatment.

Quite often these difficulties are far from obvious. On the surface the student shows only a lack of interest; he spends his time at the movies or at parties and neglects his studies until failure is the result. Very often the true cause is some maladjustment which, if remedied, will allow the student to use his intellectual capacities and so make a satisfactory adjustment to his college work.

The title of the psychiatrist in charge of the advisory service is important, more so than would appear at first glance, for the student body will not voluntarily go to any one to talk over their difficulties if by so doing they will be labeled, even to themselves, as suffering from some definite psychopathic condition. On the other hand, the psychiatrist's title should carry no unpleasant connotation from the standpoint of student routine and, above all, should not suggest the possibility of discipline. For this reason neither the title "psychiatrist"

nor the term "dean" should be used, but rather "chief advisor" or some similar title.

It will be noticed that the sixth point on the list of duties of the advisory service is "to coördinate the vocational-guidance work with the other phases of emotional guidance". It is essential that the vocational guidance be coördinated with the mental-hygiene work, since a large part of the actual work of vocational guidance necessarily consists of studying personality traits—social adaptability, resourcefulness, patience, good nature, reliability, trustworthiness—or anxiety states—moods, depression, elations of various sorts—and of analyzing the emotional life of the student and finding out in just what way he can find compensation and outlets for emotional conflicts that are otherwise insoluble.

The overcompensated type, the undercompensated, the moody, the depressed, the excited, the talkative, enthusiastic type—all of these must find work that is suitable, not only to their vocational and intellectual capacities, but to their emotional capacities as well. This work is essentially that of the psychiatrist.

Several colleges have excellent departments for vocational guidance. These departments make a very careful study of the student's activities, seeing that he apportions his study, play, and rest time in such a way as to give him a well-ordered life. They also determine his intellectual status and vocational aptitudes, but further than this they cannot go with safety.

Some of these departments have a psychiatrist to whom they refer students with marked behavior difficulties. This puts the responsibility of the selection of the cases that need care on the vocation-guidance personnel, which is not trained to detect incipient difficulties, and relegates the work of the psychiatrist to problem cases only.

In the ideal clinic there would be a vocational counselor who would, perhaps, give talks to the students on the possibilities of various occupations and would advise with them concerning their future work.

If the psychiatrist confines himself to problem cases sent to him by the authorities, he is likely to miss some of the most serious cases, for the reason that in the early stages of

even the severest difficulties the abnormalities of behavior may be so inconspicuous that they will not come to the attention of the college authorities. It is necessary, therefore, that the psychiatrist have an assured point of contact with the whole student body, and the best way in which this can be brought about is through a *course in mental hygiene* so arranged that every student will pass through it.

Such a course would not only help the psychiatrist to sift out incipient difficulties, but would also give him a medium for the education of the student in the knowledge of the emotional laws under which he functions. The question at once arises as to whether this course should be given to upper classmen or to freshmen. We believe that it should be given to freshmen, but there are a great many difficulties, usually, in arranging this. In the first place, the schedule for freshmen in most colleges is completely filled with required work. However, if the college authorities felt that such a course was necessary, it could be arranged. What a student can do is relative, and if by adding one or two more hours to his curriculum for the first year, he could get an understanding that would help him do his other work more easily and effectively, then it could be done. Perhaps the course should be elective, at first, and not required. It should be given two hours a week for at least a term, and credit should be given for it.

This course would be somewhat as follows: lectures, discussions, and the writing of the students' life histories, supplemented by personal interviews. The discussion work has a double purpose: it helps the student to realize that other people have had the same difficult situations to meet—perhaps the same situation that is now confronting him—and it brings out the various ways of meeting those situations.

This course has been given to both college and high-school students and has been found both practicable and helpful. In giving the course, any formality between the student and the instructor is laid aside to the greatest extent possible, and the terminology used is of the simplest—psychiatric and psychological terminology being discarded as fully as is consistent with an adequate presentation of the material.

The course is given with as much illustrative material as possible, because, after all, the fundamental thing is that the

student gets the idea behind the material, not that he be able to return on an examination paper some set formula with headings and subheadings. This is difficult at first, for a group of students who are accustomed to thinking in terms of outlines to be memorized for examinations on lectures, but after they have become accustomed to it, they seem to enjoy it very much.

A course somewhat like that outlined below is suggested:

I. The anatomical and physiological bases for behavior:
The nervous system; the functions of the autonomic nervous system; its relation to the emotions.

II. The subconscious mind:
The subconscious mind as a theory which helps to explain certain facts of human behavior; forgetting, primitive types of thought, repression, and emotional conflicts discussed; behavior as determined by attitudes and moods of which we are not clearly conscious.

III. Emotions and instincts:
Instincts in the human poorly developed, not present as in animals, modified by habit as soon as born; tendencies in the human being composed of instincts, emotions, and habits; the emotional life as the servant of the instincts; necessity of finding some outlet for the emotional life; development of the tendency to gain attention—how this tendency may be turned to social use; sublimation of instincts; the great part played by transfer of emotions.

IV. The primitive fundamental ego impulses versus the demands of society:
Infant self-centered and dominated by his ego desires; the modification of these desires by group pressure.

V. Discussion of the home:
The psychological divorce which the child must make from the home; the part played by home in the primitive tendencies; attitude toward teacher as a transfer of the attitude toward the parents; the love life of the child—the love first centered on the parents, then upon other objects outside the home, young people of opposite sex, teachers, characters in books, movie actors or actresses, and so forth; adolescent and adult social life; social life of the college.

VI. Moods:
Depressions and elations, underactivity, grouches, and other similar undesirable emotional attitudes.

VII. Fears:
Anxiety states—timidity, stage fright, inability to recite, fear of groups, fear of certain social situations; morbid and obsessive fears which occur in normal people.

VIII. Compensation:
Fundamental personality traits often due to a compensation for some psychological or physiological defect or inferiority; these defects or inferiorities as aids toward success if the compensation is a wise one.

IX. Suggestibility:
Meaning of suggestibility; much of our education is carried on through the means of suggestion; forms of suggestion that are unhealthy; too much suggestibility, the meaning of this, and contra-suggestibility.

X. Rationalization:
Meaning of rationalization; examples of rationalization in everyday life; frequency of rationalization; the alibiing individual.

XI. Reality versus daydreams:
The difficulty of adjustment to reality; lack of adjustment in primitive man; the world of dreams; adjustment to reality during some few hours a day; the flight from life in daydreams and in various forms of art, novels, movies, and so forth; romance to the exclusion of the real facts of life.

XII. How to study:
Outlets for the intellectual life; training in concentration, memorizing, taking notes, and so forth.

XIII. Failures:
The difficulties that have been experienced by others, physical handicaps and emotional problems that have been met before; examples of physical difficulties in great men who have succeeded in spite of their handicap; examples of serious emotional problems that have been met courageously.

XIV. The life history:
Study of student's emotional and social life, which he writes, personally, during the course; instructor reads this life history and uses it as a basis for discussion when interviewing student.

Each student is given an interview by the instructor after his life history has been read. The life history plus an interview should give the psychiatrist a very good insight into the student's needs. Fully one-half of the students will receive all the help they require through the course and one interview; about 30 per cent of the class will require two or three interviews; and from 10 to 20 per cent will require continued direction if they make satisfactory adjustments.

The physical situation of the advisory service in the college is very important. Our experience has been that it is unwise to have such a service situated in the building with the student health service, and certainly it should have no relationship with the hospital—especially the psychiatric hospital.

It is best housed in one of the college buildings with the other academic departments.

The ideal service should consist of a psychiatrist, a psychologist, a vocational-guidance counselor, a psychiatric social worker, a secretary, and a stenographer. Such a clinic could give courses to from eight hundred to one thousand students during the year. As the work grew, perhaps an assistant psychiatrist and another psychiatric social worker would need to be added. This would enlarge the capacity of the clinic so as to enable it to care for from two to three thousand students.

In a small college such a large staff would not be necessary. A psychiatrist and one assistant would probably be sufficient.

It might, perhaps, be the part of wisdom to *begin* a clinic with a much more limited staff because *the work should begin unannounced and as quietly as possible.* The psychiatrist might take at first just those cases that were referred to him by the student advisors. Perhaps during the second term the course in mental hygiene might be offered as an elective. As the confidence of the students was gained and they became accustomed to such a service on the campus, they would come to the psychiatrist voluntarily to discuss their problems.

Psychiatry has a definite contribution to make to education. It can assist in remodeling our educational concepts and our ideas as to the true nature of man. It can help in making changes in the college curricula and in modifying methods of teaching so that they will more adequately fit the students to be leaders, for it is to the colleges that the community is turning for leadership. The increase in population and higher standards of living call for new discoveries and new inventions to supply food and shelter. Every scientific advance has given man more power, until now he has more than he knows how to use wisely. It is only through self-knowledge and rigid direction of the primitive destructive tendencies, and through wise training of the emotional forces, that society can avoid serious difficulties. In this great work of education, the psychiatrist has his place.

# MENTAL HYGIENE AND PERSONALITY GUIDANCE IN COLLEGES

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PSYCHOLOGY has contributed much to an understanding of the importance of individual differences in educational and vocational success. Mental tests have proved of value not only in high schools and elementary schools, but in colleges, where they have been found of assistance in the personnel work of deans and student advisors. They have also been used in the sectioning of classes on the basis of mental alertness. Yet, in spite of the services of the intelligence test, there still remains for us the increasingly urgent problem of assisting the student in his emotional and personality adjustments. For life success, the emotional core of personality is coming to be recognized as of equal if not greater importance than intelligence, since the most intelligent person is of little value to himself or to society if his emotional life is confused and dislocated. Modern psychiatry has thrown great light on possible methods of relieving persons who are only slightly divergent in their emotional life from the strains produced by conflict. And release from these conflicts often makes an individual an extremely valuable member of society as well as freeing him for his own happiness.

In the past our educational regimen, in its attention to the more formal, traditional inculcation of information and to training in the techniques of earning a livelihood, has neglected the matter of the student's personality reactions to his fellow students and to the wider adult groups with which he comes in contact. The employment of psychiatrists in business and in industry and the rise of the mental-hygiene movement in general has shown us what can be done in everyday life in the way of alleviating the stresses of modern civilization. It is the purpose of this paper to point out the necessity, in college and university organization, of developing a psychiatric service that will assist the student to overcome

personal conflicts that interfere with his success in college and ultimately in adult life.

Before taking up concrete examples of the need for such a service in our academic population, let us review briefly the outstanding features of modern psychology, especially those findings that will help us to solve the problem just stated.

Until very recently, the lines between general, "normal" psychology and abnormal psychology—or, more properly speaking, psychiatry—were sharply drawn. But the contributions of Charcot and Janet on mildly hysterical patients, the researches of Binet and Stern on suggestion, and particularly the work of Freud, Jung, and Adler, have altered the whole relationship between normal and abnormal psychology. As, in the field of physiology, pathology throws into focus much of the structure and function of the organism and gives us a cue to more normal mechanisms, so psychopathology has great importance for normal psychology. Thus the student of mental diseases, especially of the milder sort, learns much that is of great value in the unraveling of personality traits in normal individuals. Above all else, modern psychiatry has shown us that the pattern of all minds is basically the same. The cruder, less socialized phases are seen in the psychoses, such as dementia praecox, while higher forms are often found in compulsive and hysteric personalities. And even aside from the milder neuroses, we find all sorts of eccentricities, quirks of personality, phobias, and conflicts which disturb otherwise normal persons and hence rob them of efficient and happy living. But no matter what the individual is, the basic processes and features of his mind remain similar to those of other persons. And to smooth off the sharp edges of personalities whose mental and emotional conflicts they are unable to resolve in the usual manner will greatly enhance the effectiveness of many individuals of undoubted potentiality for leadership in business, industry, and the professional arts in the rising generation.

There are in our colleges a considerable number of students who are confronted with a host of more or less serious emotional problems. These range all the way from the mild conflict of the student of pious background who is troubled by the teachings of modern biology concerning the

origin and flowering of the species to really serious mental conflicts. Many students are confused by changing sex standards and the expression of divergent sexual habits in themselves. Yet others are confronted with problems arising from their emancipation from restricted social environments.

Ordinarily the student who is distressed by anxieties, doubts, and fears or with compulsive and unconsciously motivated actions does not consider himself in need of any medical aid, at least not from the usual health service of our colleges and universities. For that matter, few colleges or universities have a medical personnel that could handle this type of problem. The usual medical man is rather unversed in the newer developments in psychiatry; he would not add much to the student's peace of mind even if he were consulted.

It might be imagined that academic departments of psychology should lend aid with the students' emotional difficulties. It is true that they might do so, but with few exceptions they do not. A great many well-trained psychologists still lack any concrete clinical experience with problems of motivation and conduct disorder. Not infrequently, in fact, there is a general disbelief in the inclusion of student counsel as a part of the psychologist's work.

Our college deans—to mention a third possible source of assistance—while they are frequently persons of genuine human sympathy, are rather too often men or women with little or no understanding of the bases of human conduct. Moreover, a dean, in spite of his supposed functions, seldom sees a student unless the latter has already reached a degree of academic failure or of antisocial conduct that brings into question dismissal from college. And unfortunately the student has by that time usually passed beyond the stage at which the dean could be of much help to him.

We are, in short, frankly face to face with the need for developing some new type of facility for advising students. It is true that in some institutions religious organizations have made some progress in the new direction, but by and large their work has been futile. The religious personnel connected with the extra-curricular activities of the students, like the administrative deans, are too thoroughly imbued with the older point of view as to conduct. Their judgments are

motivated by ideas of praise and blame, of right and wrong, based on old, outworn, but still persistent standards—standards that imply conscious control of conduct by inhibition and repression of emotions and instincts rather than by direction and education. Such persons, in talking over problems of conduct and the motives back of them, are inclined to offer easy advice, such as: "Make up your mind not to have these nasty ideas," or "Your parents would not like it if they knew what you think or do." The general trend of their advice is in the direction of suggestions "not to do these things any more", "not to think such thoughts". They have little appreciation of the fact that all too frequently the student himself is quite ignorant of the motivation of his conduct, his thoughts and impulses springing up in a compulsive way that runs counter to every effort at control on the part of his ordinary voluntary attention.

To illustrate the types of cases of conflict encountered in a college population, let us review a few of them. The individuals in question are not unlike hundreds of others to whom sensible clinical advice would be of great assistance in handling their problems.

A few years ago a rather able girl came to the writer with an apparently innocent question about memory and learning. One of her first queries was: "Is there any danger of a person losing her memory?" Upon inquiry it was evident that the girl had felt that she was doing much less well in her college courses than she had in the first two years of her work. The objective evidence of a slightly lowered average verified this. Further investigation, however, revealed that at the root of this question, which any student might ask in complete innocence of personal difficulty, was a decided emotional conflict. During her college years she had suffered some ill health and from time to time had consulted the woman physician of the college health department. There was no evidence of organic trouble and the usual advice was given her—to get more sleep, to take more exercise, to eat more regularly, and so forth. There was no indication that the medical advisor recognized another phase, no doubt the conditioning phase, of the student's difficulty.

To relate, in brief, the outstanding features of the case,

the girl told of a rather unhappy family life during childhood. The father was an erratic fellow, the follower of a variety of socialistic theories and of various fashions in health diet, such as Fletcherism. He was well-informed, but his reading was typically haphazard and unorganized. He was, moreover, "free and easy" in his relations with women outside of marriage and had rather defied social convention by constantly moving about from locality to locality. The family, therefore, never stayed long enough in any one place to take up the primary group attitudes of the community, and thus remained more or less isolated from normal group life with its steadying effects on both adults and children. The mother found her solace from social pressure, sense of hurt pride, and loss of love by seeking the church and by trying to draw the affections of her family away from the father.

In the course of her narrative, the girl stated that her father had died and that the mother had by hard work sent her children, two girls and a boy, through high school. Incidentally, this girl was the oldest child and had to look forward to giving financial assistance to the family in order that her sister and brother might also attend college. She went on to tell of settling down into a small community, of her conscious efforts to become interested in the dominant Protestant church of the town. She had actually joined the congregation under social suggestion, but had failed to follow up her conversion because she had felt later that she had been forced into it by sheer bombardment of argument and by the example of her girl companions.

At the close of her high-school period and during her first years at college had come the awakening of normal interest in the male sex. There had been a youthful romance with an engagement which was subsequently broken off. This blocking of the normal development of her personality had clearly been one factor in bringing on a state of mild hysteria, which had made it necessary for her to discontinue college for a semester the year before she came for consultation. It had been upon her return, in fact, that she had begun to worry over the loss of memory. It was soon clear, too, that this fear of loss of memory was connected with fear of complete mental breakdown, of becoming insane. This fear was associated

with the notion that her father had been definitely psychopathic and found support in her studies in the biology and the psychology of genetics and heredity.

As she related her story, the writer got the impression that her story of her father's death was rather the traditional camouflage for what had been actually his desertion of his family. During the talk, he asked the student: "When was it that your father ran away and left your mother and you?" The girl was amazed for the moment at this turn of affairs and asked in return how the instructor knew that her father was not dead, for she frankly admitted that he had deserted the family when she was about nine years of age, but that the family never mentioned him except when absolutely necessary and then always said that he was dead.

It developed that the father had returned to his family when the girl was about sixteen years of age and that he had been the cause of an intense emotional disturbance to her. The particular offense had been his incestuous advances toward her. Naturally there had been another family conflict, and the father had again disappeared. This had been, roughly, four years before.

Here, then, was an instance of a girl of more than average intelligence (an army Alpha score of 145) who was baffled by her conflicts and was moving in the direction of a mental breakdown. Doubtless there were a number of mechanisms at work here that only careful psychiatric treatment over a considerable time would clear up, but it was evident at once that a few outstanding elements in the conflict could be removed by assistance of the right sort. A number of conferences followed, with certain suggestions as to regimen. Special emphasis was laid upon a frank facing of her conflicts by the girl herself, and her eyes were opened to the fact that others also had their conflicts. Above all else she was led to see the importance of directing her attention and effort to the world of external reality, to her college work, to preparation for her chosen field. There was no suggestion of praise or blame, of the inevitability of heredity, or of the necessity for shutting off her daydreams and thoughts about her unfortunate father. Rather there was indirect suggestion toward

what Burnham calls the "task",[1] conversational stimulation, and the exposure of sufficient factors on the side of motivation to enable the girl to take a grip on herself.

The writer did not see the girl again for nearly two years. She was then just graduating. She had recovered her grade average, had become the head of her sorority, and had come to a rather happy, normal outlook on life. She is now, after four years more, well adjusted and making a very successful high-school teacher with marriage in the offing.

Now the ordinary facilities for advising this girl were quite undeveloped. The medical advisor who saw her did not sense the psychological and functional source of the girl's problem. The girl herself did not consider it essential that she consult the dean of women; deans of women are so habitually viewed as persons whose chief concern is discipline. It was more or less an accident that the girl found courage to consult an instructor who was able in a mild way, at best, to assist her in finding herself.

Another type of case that appears in both coeducational and in women's colleges is the mild or near homosexuality that occurs in women's dormitories and other living organizations. This matter is worthy of special consideration and is only mentioned here in passing. Wherever large groups of girls and women are found together, there are certain to be a few persons who approach active homosexuality. These persons in turn initiate innocent college girls into homosexual attitudes and even practices, often with unfortunate results. A number of discipline cases known to the writer are clearly associated with this difficulty. One instance was that of a very bright girl, who, after two years of persistent, recurrent thievery, was finally dismissed from college. There is no doubt, from the evidence at hand, that the girl's compulsive stealing was an associated defense mechanism connected with her homosexuality. Another incident is one of mild homosexual attachment in a dormitory which was terminated by the pledging of one of the girls to a sorority. The second girl almost had a nervous breakdown, and a problem of discipline arose out of the girls' continued breaking

[1] See *The Normal Mind*, by William H. Burnham, especially Chapter 9. New York: D. Appleton Company, 1924.

of house rules as to hours and so forth, in order that they might stay with each other at night.

It is true that in adolescence there is a certain *flair* in both young men and young women for persons of their own sex, and while usually this passes with the years into normal heterosexual relations, the actualities of homosexual habits should be known to administrative heads and persons whose function it is to assist the healthy living together of large groups of young people. I do not mean to suggest that the usual sex lecture should deal with this, but house mothers, deans, and even mature student heads of living organizations should be cognizant of the reality of these trends and should know where to get help in dealing with incipient cases. Often much can be done to normalize the person who has an inclination toward homosexuality. And the active, habitual homosexual who sometimes infests our colleges should be quietly, but firmly dealt with by adequate psychiatric treatment.

What has been said of incipient homosexuality among women may be applied also to men's organizations. Here, too, advice and knowledge go a long way toward preventing emotional crises in the lives of many young men.

A type of personality conflict that is not infrequently found in college men and women and that might be much alleviated and wholesomely directed is that growing out of a change in attitude from piety and orthodox theology to the more pagan and scientific point of view of biological and cultural evolution. The present talk of fundamentalism is simply a current recognition of the fact that modern science has made serious inroads upon the theological beliefs of old and young alike. In all our colleges are boys and girls who have come up from homes and social environments that have either ignored or never been aware of the changing standards of thought in reference to man's evolution, his place in nature, and his solution of his problems. Being thrown into the maelstrom of evolutionary sciences, natural and social, the student is in great doubt and even anxiety about questions of God, of belief in the Bible, and of the moral standards that are apparently so inseparable from our creeds.

While lectures and books and pamphlets on the relations of religion and science are everywhere in evidence, it is still

true that these conflicts persist. One obvious reason why the usual lecture or discussion of the matter has no beneficial effects in the way of alleviating conflicts is that the whole problem is dealt with in rationalistic and intellectual terms. We know that the individual, in order to couple up his science with his older theology, must have some new emotional conditioning, else the shift cannot be made and the individual will attempt to get about the world with two divergent views. These views are either not allowed to mingle or else there is a craving, both conscious and unconscious, for a synthesis, resulting in intense emotional disturbance.[1]

And just here I should like to mention one unfortunate implication of modern science that has crept into the popular treatise and the novel of the day. That is the notion that dynamic psychology teaches a definite revolt against all restraint and authority and that in modern psychology one can find a defense for any type of conduct, so long as it suits one. This, of course, is palpably false. The notion is rather a convenient, but weak rationalization for a failure to solve the fundamental conflicts that still pursue many people who imagine themselves "emancipated" from their past. The radical—political, literary, or otherwise—is as likely as not to be a person of this maladjusted sort. Many such persons, it is clear, illustrate merely the reverse side of intense social inhibition rather than genuine integrations of well-rounded personalities. Since there are many such individuals in our college populations, the social psychiatrist can be of great service in dealing with the problems of the administrative officers as they touch the conduct of the flapper, the college *cognoscenti,* and the whole group of our pleasure-loving, overcompensated youth. Certainly, to continue to control these persons by means of the older definitions of the situation, with praise and blame and with primitive taboos and "ordering and forbidding techniques"—to use the apt phrase of W. I. Thomas—is to mistake the whole contribution of modern psychiatry to the matter of conduct.

[1] For a discussion of the effects of this compartmentalized thinking on scientific progress and especially with reference to the social and humanitarian influences of science, see "The Need of Integration of Attitudes among Scientists", by Kimball Young. *Scientific Monthly,* Vol. 18, pp. 291–305, March, 1924.

The following case, with its evidence of compulsive attitudes growing out of a combination of family background and present liberal education, is typical of those frequently found among our college *intelligentsia.*

It is that of a young woman who was brought up in a home full of emotional turmoil. The mother was very pious and orthodox, the father erratic and unstable. He deserted his family and the mother remarried, a second time unsuccessfully. The girl has developed a host of compulsive habits—staying out at night, nomadism, swearing, revolting against authority of any sort. In her college life she took readily to modern literature, and has developed some ability along literary lines herself, but throughout she has shown much of the compulsiveness of the more radical youth. Persistent breaking of college rules against smoking by women, persistent cutting of classes, and especially failure to make restitution for library books carelessly lost, ended in her suspension. The girl's attitude throughout has been that of the untrammeled, spoiled child. She has the "don't-give-a-hang" reaction to everything; she is unreliable, dishonest, flighty, and "smart-Alec" in her dealings with others. Mere threats, promises, or praise-and-blame tactics are of no use in a case of this kind. Here is a person of great energy, of certain delightful qualities, and of fair talent who could be immensely helped by careful treatment at the hands of a psychiatrist.

The following instance is one that, from the point of view of discipline, is even more serious than the last. The student, a young man of twenty-one or so, is from a rather well-to-do family. He was brought up on one of his father's large ranches with much freedom and healthy occupation. His family background has, on the surface of it, nothing unusual. The young man himself showed two significant trends as a boy which his family more or less ignored. The first was a decided tendency toward growing angry easily—often with an anger or rage of a furious sort far beyond the possible demands of the situation; the second was an increasingly conscious sense of inferiority for being so slow and fat. The boy suffered much from the ridicule of his family, the hired men, and the youngsters of his neighborhood.

As a student in the elementary and secondary schools, he did about average work. So, too, his college grades were perhaps slightly below the median. During his senior year he began getting into difficulties. These included thieving, falsifying, some drinking, and following prostitutes. Particularly serious, however, was the growth of a habit of exhibitionism which finally led to his appearance before the discipline committee.

Here is a college man who needs not praise or blame or old-fashioned admonitions "to go and behave" himself. He is himself perturbed by his behavior; no one *knows* better than he that the whole behavior complex is tearing his personality to pieces. His entire personality is marked by definite compulsive homosexual trends, and he needs the sympathetic attention of some one trained in psychiatry. He left college of his own will to avoid an open scandal. He may take a turn toward normality, but the dice are more or less loaded against him unless some adequate attention is paid to his conflicts. Certainly it is evident that the ordinary methods of dealing with such a case by disciplining the individual, even when the disciplining is well meant, are useless. Ignorant advice is worse than none at all; it may actually do harm. This boy before he left had already shown signs of developing additional revengeful and antisocial traits built around his treatment by college officials.

Other cases might be cited. The following instance of stammering is typical of many. A young college chap, the holder of an important undergraduate scholarship, came to the writer for advice. His stammering, which he had for years successfully disguised, was becoming increasingly obvious. His speech defect is clearly related to some functional disturbance of the personality, since his enunciation and pronunciation are excellent when under control. But in the face of a situation that arouses emotional attitudes, he often goes completely to pieces. He has been alternately a hobo and nomad and a college student. His impulse to wander takes strong hold on him after his speech handicap comes to the front. His personality is strongly egocentric; there is a tendency to project blame on others, and a growing idea that the world owes him a living. This young man has consider-

able artistic and literary promise, but should be taken in hand by a competent college psychiatrist. He consulted the instructor in academic psychology, who had "no time for him" except a hurried, harried, and very businesslike ten minutes. So, too, the physician from the college health service, who saw him, did not comprehend in the least the significance of his difficulty.

One could go on to cite numberless cases similar to those mentioned. A common difficulty is the mild hysteria seen in college women at times. Space, however, does not permit further citation of examples. It is evident enough, I take it, that the problem is one that college and university administrations must face. If we are to salvage some of the students—often students of the highest abilities—who encounter personality disturbances in college and often never fully recapture normality, we must give attention not only to curricular needs and to the matter of intellectual aptitudes; we must above all else give time and energy to the problem of personality on the emotional and affective side.

We are at the point, then, where concrete suggestions as to methods are in order. It is too early, perhaps, to hope that our institutions of higher learning, whether privately or publicly supported, will initiate a thorough-going mental-hygiene program. Moreover, there is some doubt as to the feasibility of the usual clinical organization for this type of service. As we have already noted, many persons who need assistance in personality difficulties do not consider themselves in need of medical attention in any ordinary sense, and the very word "clinic" might inhibit them from seeking help. Because the usual physician is so unprepared for this sort of work, and is even apt to be unsympathetic toward it, this inhibition is likely to persist for some time to come. For the student who is brought to the deans of men or women or to discipline committees for disposal, the clinical organization might be worth while. But even in such cases it is highly important to secure the coöperation and sympathy of the student. The following aspects of the whole matter on the practical side are the result of the writer's observation and thought and are offered for what they are worth:

1. Whatever organization or method is adopted, it must

be, for the present at least, only loosely related, either to the regular discipline committees or to the usual college medical service.

2. It might be well to make the whole service in the nature of an unofficial connection with the university, independent, however, of the church or of fraternal organizations that might attempt such functions. It is obvious that the movement should be cut off from any theological, creedal, or primary-group attitudes and methods.

3. Ideally, of course, the whole development should have a certain spontaneity of growth. Departmental advisors, deans, and others should have great confidence in the individual who undertakes the mental-hygiene and psychiatric service. The student who needs help should never be ordered or forced to consult the psychiatric worker. Instructors and deans might suggest such consultation and might themselves consult the psychiatrist for advice, but the student should act on his own initiative at all times. Only in violent and infrequent cases should the psychiatrist be brought openly into discipline cases before the deans or committees. Such cases would be those of very evident mental disease.

4. The personnel of such service as here suggested is a real difficulty. The individual must, aside from his professional training, be a man of broad culture. Often a layman might have a capacity for this type of work—a capacity far superior to that of the traditional physician. In fact, if there were close personal harmony between the medical service and this type of work, there is little or no reason why much of the service could not be carried on by non-medical persons, provided of course, that they had had special training and clinical experience and with that had the intuitive, artistic ability for dealing with problems of conduct disorder. Above all else, it should be recognized that this sort of work is really a technique, an art, whose aim is the remaking of that delicately balanced mechanism, the human personality. One must be not only a scientist, but an artist in order to do it well.

# FURTHER STUDIES IN THE PSYCHO-SEXUALITY OF COLLEGE GRADUATE MEN*

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IN MENTAL HYGIENE for October, 1923, the writers reported the results of an inquiry into the sex reactions of a group of college graduates. Upon the basis of these and other results, a further inquiry was organized and applied to a similar group, under similar circumstances, the following year. This inquiry contains some 112 items, dealing with the general personality as well as with specifically sex reactions, as it was desired to observe relationships in these fields. The replies number about fifty more than were received for the previous inquiry, an unselected two-thirds of the group as a whole. The inquiry was conducted with a view to the ready classification of responses for comparative purposes. The results, totaling over 25,000 separate items of information, are susceptible to a wide range of treatment, different phases of which will be dealt with in subsequent reports. The present report includes a general survey of the data, giving the text of the questionnaire and the percentile frequency with which the various responses were reported. A few items are not susceptible to this form of treatment; in such cases the questions only will be cited and the replies left for discussion in subsequent reports.

It is improbable that questionnaires of this type could be obtained with signatures or other means of identification. The present data, therefore, are not offered as significant from the standpoint of the individuals who answered, but as

* The study reported in this article is part of a series of investigations made possible by the support of the Committee for Research on Sex Problems, Division of Medical Sciences, National Research Council.

exploratory work in the field of personality study, and as a more intimate cross-sectional view of this grade of individual.

In the study of the personality, a questionnaire has a place somewhat similar to the group tests for intelligence measurement. Both are of limited value for individual diagnoses. But they are economical of time and serviceable for separating many persons of normal status from others with whom more individualized study is indicated.

Limitations inherent in self-estimates for personality study are the falsifications, conscious and unconscious, to which they are subject. An inherent advantage is the access afforded to topics that cannot be reached in any other way—for example, various facts of the instinctive life. Any normally intelligent adult knows the objective facts of his life better than any one else knows them. But an equally intelligent "other" is supposed to be able to interpret what he does know about a first person better than that first person can his knowledge of himself. It is more complete knowledge balanced against more objective judgment. Particular overt traits, which have been much studied by such means, can probably best be evaluated by the collated judgments of others. It is very doubtful whether "personality study" as ordinarily conceived is possible without a large share of information that the subject alone can furnish. Here the problem is to know what are the objective facts of the person's life, knowledge of which is the best guide to his behavior patterns in general. In the present study one is thrown entirely upon the resources of self-estimate, as the group concerned have little or no mutual acquaintance and no scheme of collated judgments is practicable.

The questionnaire is reproduced verbatim below, except that for each response listed there is now included a figure in parentheses.[1] (Occasionally the responses are quoted in some other manner and in special cases omitted.) The figure gives the percentage of individuals who made the response to which the figure attaches. If every individual's response

[1] And except further that many punctuation marks have been editorially inserted which were not in the questionnaire as given. In the questionnaire, though not in the manuscript, the letters in parentheses, which designate the different kinds of response, were in italics.

were so classifiable, these figures would add up to 100. They seldom, if ever, do this because it is impossible to eliminate unclassifiable replies; in some cases the individual's reaction to the question cannot be expressed by any of the responses among which he is asked to choose. In this respect, however, the data compare advantageously with those of the previous inquiry. Brief comment on the results, where apposite, is appended to the item to which it attaches. Special attention is paid to sources of discrepancy between this and last year's results.[1] Items 75–99 deal more especially with sex reactions. These are discussed in more detail, especially from the comparative standpoint.

The questionnaire was in the form of a leaflet, about 5½ by 7½ inches, of eleven printed pages, including instructions. The items are quoted following the instructions, which describe the desired form of response.

FORM IN WHICH THE ANSWERS TO THE SERIES OF QUESTIONS SHOULD BE GIVEN

(Note: The questions given in the illustrations are not among those to which answers are requested.)

Some questions are in form like this (Example 1): Is your make-up EXCITABLE or CALM?

If it seems *more correct* to say that your make-up is excitable, underscore the word EXCITABLE, thus; if the opposite, underscore the word CALM, thus, where the word occurs in the question itself.

Some questions are in form like this (Example 2): Do you tend to be absent-minded? YES. NO.

If it seems *more correct* to say that you tend to be absent-minded, underscore the word YES; if the opposite, underscore the word NO, where it follows the question.

Other questions are in form like this (Example 3): Have there been nervous or mental manifestations in your relatives such as: INCOMPETENT, NE'ER-DO-WELL, CRANK, FEEBLEMINDED, ALCOHOLISM, DRUG ADDICTION, STAMMERING?

If there seems to have been among your relatives a case of STAMMERING, underscore that word; if an habitual alcoholic, underscore the word ALCOHOLISM; if a case of something not mentioned above, as *convulsions*, write the proper word or words at the end, in the space provided.

[1] Expressions such as "last year's results", "previous data", and the like, refer to work reported by M. W. Peck and F. L. Wells in *On the Psycho-sexuality of College Graduate Men* (MENTAL HYGIENE, Vol. 7, pp. 697–714, October, 1923) or by F. L. Wells in *Report on a Questionnaire Study of Personality Traits with a College Graduate Group* (MENTAL HYGIENE, Vol. 9, pp. 113–127, January, 1925).

In all cases like the above, *underscore* the word or words in CAPITALS that apply best. In a few cases, numbers are to be underscored. It is not expected that the expression underscored should apply exactly. What is wanted is the one which, of those given, comes *nearest* the case as you see it. If you feel it necessary further to qualify your answer, do so by writing in the margins or on the last page.

A few questions are in this form (Example 4): What special reason, if any, did you have for entering college?

Here no special answer is requested; in each case of this kind, note briefly, on the dotted line, the word or words that seem to convey your meaning best.

1. In what year were you born?

| Year: | 1897 | 1898 | 1899 | 1900 | 1901 | 1902 |
|---|---|---|---|---|---|---|
| Per cent: | 6 | 5 | 9 | 22 | 29 | 16 |

Ten per cent were born prior to 1897; 3 per cent subsequent to 1902.

2. Where is your place of birth? .....
3. Is your father living? YES (76); NO (22).
4. Is your mother living? YES (85); NO (15).

These results may be partly accounted for by the greater age of the husband in most marriages. There are, however, more fundamental factors at work.[1]

5. What is (or was) your father's occupation? .....
6. Is the financial situation of your family
   (a) STRAITENED (4); (b) MODERATE (36); (c) COMFORTABLE (47); (d) WELL-TO-DO (12)?

The more favored status of this social group is an all but necessary inference from their being where they are. In the suggested answers of the corresponding question last year (No. 10), the response "moderate" does not occur. As here inserted, it absorbs about half of the "comfortable" responses of last year, and may well give a clearer picture of the social group for so doing. The terms are, of course, subjective. The substitution of income figures was considered and may be tried another time.

7. When you were a child, were there regularly one or more domestic servants in your home? YES (54); NO (46).

A further attestation of more favored status. It will be interesting to compare these figures with such as may be obtained ten, fifteen, and twenty years hence.

[1] Cf. Havelock Ellis' *Man and Woman*, fifth edition, Chapter 17. New York: Charles Scribner's Sons, 1914.

8. How many older brothers have you? Younger brothers?
9. How many older sisters have you? Younger sisters?
10. Of whom does your home circle consist? (a) WIFE; (b) FATHER; (c) MOTHER; (d) BROTHERS, how many?.....; (e) SISTERS, how many? .....; (f) OTHERS (name relationships) .....
11. During infancy were you (a) HEALTHY (79) or (b) DELICATE (20)?
12. Do you consider that your father is sympathetic with you? (a) YES (60); (b) FAIRLY SO (23); (c) NO (7).
13. Do you consider that your mother is sympathetic with you? (a) YES (81); (b) FAIRLY SO (9); (c) NO (1).

The closer attachment to the mother is noticeable. Compare, also, the replies to items 14 and 15.

14. Was your training by your father (a) INDULGENT (33) or (b) STRICT (54)?
15. Was your training by your mother (a) INDULGENT (46) or (b) STRICT (44)?
16. At home do you feel (a) FREE AND AT EASE (81); (b) FAIRLY AT EASE (10); (c) RATHER CONSTRAINED (6); (d) DISCONTENTED (2)?
17. About how many years have you been away from home in (a) SCHOOL .....; (b) COLLEGE .....; (c) ARMY .....; (d) NAVY .....; (e) WORK .....
18. In summer vacations are your headquarters with your family? (a) ALWAYS, OR PRACTICALLY SO (38); (b) USUALLY (33); (c) SELDOM (17); (d) NEVER, OR PRACTICALLY SO (10).
19. Have you worked your way through college in whole or in part? (a) ENTIRELY OR PRACTICALLY SO (9); (b) IN MAJOR PART (14); (c) IN SOME PART (32); (d) NOT AT ALL, OR PRACTICALLY SO (42).

Here, again, the addition of another category to the replies gives a somewhat different picture. Last year's question (No. 27) is evaluated in terms of "whole way" (12 per cent), "part way" (57 per cent), "neither" (27 per cent). But in the present group at least, the bulk of "part way" answers represent minor contributions; in 42 per cent the contribution is absent or insignificant, and in 32 per cent more it is not outstanding. This is again consistent with the more favored position of the group as a whole.

(Item 20: omitted.)

21. Are you, or have you been, married? YES (8); NO (91).
22. If so, at what age did you marry?

The significance of these figures is modified by the varying numbers at the different ages in the group.

23. Your wife's age compared to your own? (a) OLDER (2.9); (b) YOUNGER (4).

Several factors contribute to increase the likelihood that a man marrying young will marry a woman older than himself.

24. If unmarried, has there been in your life any girl or girls you have thought seriously of marrying? YES (59); NO (30).
25. If your answer to the above is YES, how many?
    Girls: 1—2—3—4—5
    Replies 38 17 4 0 1
26. If any attachment of this nature has lapsed, please note the reasons (not more than two) for the ending of the chief attachment that has lapsed:
    (a) DISAGREEMENT on fundamental issues, as children or religion (5)
    (b) INSUFFICIENT MONEY (7)
    (c) Lack of RECIPROCAL feeling on girl's part (6)
    (d) Saw SOME ONE ELSE you liked better (6)
    (e) LESS ATTRACTED on more intimate acquaintance (4)
    (f) Your own feeling NOT DEEP ENOUGH (12)
    (g) GIRL MARRIED some one else (6)
    (h) OTHER CAUSE (nature) ..... (10).
27. Do you make friends (a) READILY (22); (b) WITH AVERAGE EASE (58); (c) SLOWLY (19)?

(Item 28: omitted.)

29. Have you mixed with your college associates (a) WELL (35); (b) WITH AVERAGE EASE (59); (c) POORLY (5)?
30. Have you participated in organized athletics (a) QUITE ACTIVELY (24); (b) TO SOME EXTENT (41); (c) LITTLE OR NOT AT ALL (33)?
31. If your answer to the above is QUITE ACTIVELY, please specify what seems to have been your chief athletic achievement .....
32. Do you seem to be a good judge of how others will act?
    (a) BETTER THAN AVERAGE (27); (b) AVERAGE (68); (c) NOT SO GOOD AS AVERAGE (2.7).

Noteworthy is the reluctance with which the response (c) is made.

33. Do you work better in association with others, or by yourself?
    (a) WITH OTHERS (42); (b) BY SELF (54).
34. In comparison with the average as you know it, are you (a) FREELY TALKATIVE (13); (b) MORE THAN AVERAGE (32); (c) LESS THAN AVERAGE (46); (d) CLOSE-MOUTHED (4.5)?
35. Do your thoughts come more readily (a) IN WRITING THEM DOWN (48); (b) IN EXPRESSING THEM IN CONVERSATION (48)?
36. In comparison with others of your means, are you (a) A FREER SPENDER (32); (b) MORE SAVING (63)?

It is by no means impossible that a group of this kind possesses more economic foresight than the average.

37. In respect to social occasions, do you naturally (a) TAKE LEADERSHIP, "life of the party" (19); (b) FOLLOW ALONG WITH OTHERS (60); (c) RATHER "PLAY BY YOURSELF" (13)?

38. Briefly specify any social activities, such as dances, dinner parties, or excursions that you particularly enjoy .....
39. Is the number of people that you know "to speak to" (a) GREATER (68) or (b) LESS (23) than you believe to be the average of your associates?

There seems no reason why, in point of fact, half should not be on either side of the average. The result is probably conditioned by the general tendency to overestimate one's possession of favorable traits. Cf. also item 40.

39-a. Is your decision on a course of action usually (a) IMPULSIVE (7); (b) QUICK (30); (c) DELIBERATE (48); (d) HESITATING (13)?
40. How much does the opposite sex attract you in comparison with the average of other men as you know them? (a) MUCH MORE (5.4); (b) RATHER MORE (46); (c) RATHER LESS (36); (d) MUCH LESS (6.3).
41. Underscore the physical characteristics that you like best in a girl, or of your "ideal" (specify one characteristic in each line)
(a) TALL (11); (b) MEDIUM (77); (c) SHORT (9);
(a) SLENDER (23); (b) MEDIUM (71); (c) PLUMP (3);
(a) BLONDE (19); (b) BRUNETTE (46); (c) BLACK HAIR (15);
(d) AUBURN HAIR (12).

The relatively slight preference for the blonde is striking; from the forensic point of view the blonde is much more favored.

42. How consistent have your actual attachments been with these physical requirements? (a) GOVERN THEM VERY CLOSELY (16); (b) OCCASIONAL EXCEPTIONS (55); (c) MARKED EXCEPTIONS (23).
43. How many of these girls have you considered or know to be OLDER than yourself? .....
43-a. How many YOUNGER? .....
44. In your association with girls outside of marriage, do you experience enjoyment from such physical contacts as kisses, caresses, and the like? (a) GREAT ENJOYMENT (30); (b) QUICKLY PASSING ENJOYMENT (51); (c) LITTLE OR NO ENJOYMENT (13).

The wording of this question leaves something to be desired; for example, among the (c) answers it does not sufficiently distinguish, on the one hand, those whose enjoyment of any such episode is naturally small, and, on the other hand, those whose meager enjoyment is conditioned by few experiences of the kind.

45. Do you find that you care more for the society of (a) MEN (69) or (b) WOMEN (21)?

Some surprise has been expressed at these figures, but most men would surely rather be known as a "man's man" than as a "ladies' man". This is the sense in which the question seems to be interpreted.

46. In personal problems, do you tend rather to take counsel with persons you trust or to work them out for yourself? (a) TAKE COUNSEL (38); (b) WORK OUT FOR SELF (59).
47. Are you specially influenced in your conduct by the thought of what some one you admire would do in your place or would think of your action? YES (58); NO (41).

A comparative question of last year is, "Are you given to hero worship?" which is answered positively by 25 per cent and negatively by 64 per cent, the reverse of the present situation. This illustrates the diminution of positive replies when a question is phrased in a way that has a less pleasing connotation. If one describes what hero worship psychologically is, in more objective terms, those responding are more able and ready to recognize it.

48. Is your attitude on the social questions of the day, such as Internationalism (a) REACTIONARY (1.8); (b) CONSERVATIVE (63); (c) LIBERAL (33); (d) RADICAL (0.9)?

This may be regarded as partly an expression of the established social status of the group as a whole; also the type of career contemplated is one relatively concerned in the preservation of the established social system.

49. Do you enjoy persuading people to any line of thought or action (a) MORE (60) or (b) LESS (37) than you believe to be the average?

Possession of the latter trait would tend to keep persons out of a group like the present.

50. How often do you go to church? (a) EVERY WEEK (33); (b) ONCE A MONTH OR SO (20); (c) OCCASIONALLY (29); (d) RARELY OR NOT AT ALL (16).
51. How would you describe your mental attitude in talking to a group of people? (a) ENJOY IT (21); (b) AT EASE IN IT (43); (c) UNCOMFORTABLE IN IT (28); (d) VERY DIFFICULT TO DO IT (5.8).
52. In games such as tennis or chess, does gaining an advantage tend to make you over-confident? (a) MARKEDLY (2.2); (b) RATHER (33); (c) NOT NOTICEABLY (62).

52-a. Does your opponent's gaining an advantage tend to affect your game unfavorably? (a) MARKEDLY (6); (b) RATHER (30); (c) NOT NOTICEABLY (60).

53. In your associations with boys or men, have you observed feelings of affection essentially similar to those which men ordinarily feel toward girls? YES (12); NO (85).
If your answer to Question 53 is NO, omit questions 54–58.
If your answer to Question 53 is YES:
54. Towards how many men or boys have you experienced such feelings?
Men or boys: 1—2—3—4
Per cent: 3 4 ½ 1
55. About how old was the object of the chief of these attachments, when the attachment became distinct? Mode (5 cases) at nineteen years.
56. How old were you at that time? Modes (4 cases) at eighteen and twenty years.
57. How many years did this attachment last? (Range 1–8 years.)
58. In such attachments generally, did the following contribute in an important way to your enjoyment?
(a) THOUGHTS or daydreams about friend (½)
(b) His COMPANY in recreation (2)
(c) His CONVERSATION (1)
(d) Physical CONTACT with him (0).

The percentages above include only the cases in which one item alone is specified. On the other hand, 3 per cent report all four features; 1½ per cent, the first three; 2 per cent, the first two; 2½ per cent, the second and third.

59. What special ability if any, have you, such as *mechanical, intellectual, artistic, athletic?* (Please specify in detail.) .....
60. Do you smoke? (a) ONCE OR MORE DAILY (45); (b) OCCASIONALLY (11); (c) VERY RARELY OR NOT AT ALL (43).
61. Do you memorize by (a) VISUALIZING (69); (b) HEARING (8); or (c) in some other way? (Please specify) (7).
62. In what studies have you done best? (a) HISTORY (21); (b) SCIENCE (17); (c) ANCIENT LANGUAGE (2.7); (d) MODERN LANGUAGE (11); (e) MATHEMATICS (17); (f) ENGLISH (15); (g) others (15).
63. With what studies have you had most difficulty? (a) HISTORY (10); (b) SCIENCE (15); (c) ANCIENT LANGUAGE (24); (d) MODERN LANGUAGE (16); (e) MATHEMATICS (21); (f) ENGLISH (9); (g) Others (2).
64. Do you enjoy picturing to yourself experiences which you would like to undergo? (a) GREATLY (41); (b) MODERATELY (43); (c) NOT ESPECIALLY (14).

The same point as in item 47 is illustrated in this question, which last year read: "Are you given to daydreaming?" Then 45 per cent denied the process. When, however, as here, the question concerns the function of daydreaming without naming it, only 14 per cent regard themselves as substantially free from it and nearly half regard it as pro-

nounced in themselves. On the other hand, a positive answer to the question in its previous form may be regarded as evidence of the process in a marked degree, with perhaps some feeling of it as an abnormality.

65. In childhood (prior to twelve years) did you have any of the following: (a) BED WETTING (20); (b) THUMB SUCKING (5); (c) SLEEP WALKING (2); (d) TEMPER TANTRUMS (½); (e) NIGHT TERRORS (7); (f) CONVULSIONS (0); (g) ST. VITUS' DANCE (½)?
66. Do you now usually sleep (a) VERY WELL (56); (b) WELL (38); (c) RATHER POORLY (2); (d) POORLY (1)?
67. Do you talk or walk in your sleep? (a) AT TIMES (15); (b) NO (77).
68. Have you any such nervous habits as (a) BITING NAILS (10); (b) PEELING FINGERS (4); (c) FACIAL GRIMACES (5); (d) CHEWING PENCILS (12); (e) PICKING NOSE (12); (f) STROKING FACE (21); (g) BATTING EYES (½); (h) Others (6)?

In the previous year this question (No. 39) read, "Do you bite your nails or have other nervous habits?" Biting nails was mentioned in all by some 12 per cent of the replies. No other "nervous habit" is specified; 9 per cent answer with an indefinite affirmative. The paucity of these returns contrasts with the present replies to a more definite form of inquiry. Item 65 (19 last year) illustrates the same point.

69. Have any of your brothers, sisters, parents, uncles, aunts, or grandparents had any mental or nervous breakdowns? YES (21); NO (71).
70. If *yes,* please name relationships .....
71. Did any require sanitarium or hospital care? YES (11); NO.
72. If *yes,* please name relationships .....
73. Did any commit suicide? YES (4); NO.
74. If *yes,* please name relationships. .....
75. Did you have specific, intelligible instruction in sex hygiene? YES (44); NO (52).

The corresponding question in the previous report specified "adequate" instead of "specific, intelligible" instruction. The difference in the replies is not great; 40 per cent reported "adequate" in the previous year. It would appear that about half the households of this above-average group paid little or no constructive attention to their children's relation to this topic while these individuals were growing up; in recent years the situation may have changed somewhat.

76. At what age or ages did you get your principal information about sex matters? (Underscore year.)

| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2½ | 3 | 3 | 6½ | 0 | 14 | 11 | 12 | 8½ | 9 | 5½ | 5½ |

| 19 | 20 and over |
|---|---|
| 4½ | 6½ |

To a corresponding query in the previous study, some 58 per cent returned classifiable answers; in the present case 95 per cent do so, owing, apparently, to the modified form of the question. As previously, twelve, thirteen, and fourteen are the critical years, but the present data show relatively more cases at either end; thus 6½ per cent at twenty and over, compared with 2 per cent in the previous data.

77. From what source or sources did you acquire your principal information? (a) FATHER (9); (b) MOTHER (8); (c) TEACHER (8); (d) PHYSICIAN (8½); (e) COMPANIONS (34); (f) BOOKS (25); (g) Others (please specify) (7).

More than one source is frequently named by a single individual; the above percentages are of the number of mentions of the various sources. The present data show more influence of companions, books, and physicians, less influence for the homes and school. Books are given twice as often as before. The preponderating rôle is played by sources not associated with a didactic personal relationship.

78. In your opinion, who should give boys and young men their principal information in sex hygiene? (a) FATHER (47); (b) MOTHER (14); (c) TEACHER (9); (d) PHYSICIAN (25); (e) RELIGIOUS ADVISOR (3); (f) Others (please specify) (2½).

In the previous data the consensus of opinion was practically unanimous in favor of the desirability of serious instruction. This item was omitted from the present inquiry. In the previous data no systematic distinction was made between the parents, though the father is uniformly preferred. In the present results, the father is named over three times as often as the mother. The school is named half as often, the physician twice as often, as before. The church has again the smallest representation specifically listed.

79. How would the attitude of your *father* towards matters of sex be best described? (a) MATTER-OF-FACT (24); (b) INTOLERANT (10); (c) PRUDISH (3); (d) RESERVED (43); (e) UNCONCERNED (6).

80. How would the attitude of your *mother* towards matters of sex be best described? (a) MATTER-OF-FACT (21); (b) INTOLERANT (14); (c) PRUDISH (4); (d) RESERVED (48); (e) UNCONCERNED (3½).

The question previously embodying items 79 and 80 made no distinction between the parents, though it was occasionally made in the replies. When they are separated, as here, there is perhaps less difference in the groups than one would expect. The data here quoted do not of course show how far the parents in any household were similar in attitude.

(81–84) How do the following different kinds of activity affect your sexual impulses? Answer each item by writing either (a) "increase" or (b) "decrease" or (c) "indifferent" or (d) "unknown".

81. Minor love-making ("summer flirtation")—(a) 60; (b) 4; (c) 27; (d) 4.

The question that previously covered items 81–84 was somewhat obscurely worded, but it suggested an answer in the direction of either "increase" or "decrease". Many replies were actually of the "indifferent" type, and it seemed best to equalize the suggestions of the four types of answers here quoted. The result is to change the tenor of the replies markedly in the item above.

82. Mixing socially with the better class of girls at dances, parties, etc.—(a) 14; (b) 13; (c) 64; (d) 5.

The conventional view is that contacts of this type decrease specifically sexual impulses. This convention, and the suggestion of choice between increase and decrease offered in the previous inquiry, operated there to throw the bulk of the answers into the "decrease" group. When, however, an "indifferent" category is given equal suggestion, it absorbs the bulk of the answers, and the decrease group is actually outnumbered by the increase. The probability is that the increase group is much larger than here reported, and that the failure to name it more often is due to the opposed convention which causes many such effects to be listed as "indifferent".

In the previous material, one reply finds that insincere flirtations are erotically stimulating, but sincere ones not so. However, if "nice girls" did not afford erotic stimulation at least equal to that of their more liberal sisters, the whole social function of modesty would be called into grave question. That the stimulation is on a different level is generally true, and the prejudice against identifying them is under-

standable. But to give the devil a controlling interest in eroticism is unsound both as mental hygiene and technical psychology. *"Zur demi-mondaine langt meine Figur noch nicht mehr recht"*, remarked the ageing Berlinese *cocotte*. *"Ich glaube, als anständige Frau wirke ich begehrenswerter."*

83. Reading modern problem fiction containing realistic love scenes—(a) 33; (b) 3; (c) 46; (d) 10.
84. Attendance at the average musical comedy—(a) 26; (b) 3; (c) 59; (d) 5.

In the above two cases a different effect appears, though with a generally similar conditioning. Overwhelmingly positive effects in the previous data have shrunk to about a third their former proportions, the difference being absorbed into the "indifferent" category. That these factors in question are ordinarily stimulating is well recognized, and the prejudice against acknowledging such stimulation is much weaker than in the case of "nice girls". Hence, in the absence of "indifferent" suggestion, the "increase" answer is uniform, instead of the "decrease" answer given in item 82. In the presence of "indifferent" suggestion, the prejudice is strong enough to draw many replies from the "increase" into the "indifferent" category; just as in item 82 the facts are strong enough to draw many replies from the "decrease" into the "indifferent".

85. Have you, prior to marriage, had sexual intercourse? YES (37); NO (59). Answer this question *yes* if you have had intercourse prior to marriage; *no* if you have never had intercourse or only subsequent to marriage. If your answer is *no*, ignore questions 86–91. Questions 86–91 allude *solely* to sexual intercourse had *prior to marriage*.

This percentage of affirmative replies, to a question dealing with an objective datum, is practically the same as that reported in last year's results, being only 2 per cent higher. Its significance is closely bound up with the ages of the persons returning the answers.

86. At what age did you first have intercourse, being not yet married? (Underscore year.)

| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | ½ | 0 | ½ | 1 | 4 | 2 | 4½ | 5 | 6½ | 4 | 5½ |

| 22 | 23 | 24 | 25 and over |
|---|---|---|---|
| ½ | 1 | 1 | 1 |

These figures bear out last year's results on a point on which the previous presentation seems not to have been overclear. Only about one-twelfth of the 37 per cent reported in item 85 established this contact at later than twenty-one years of age. Yet 81 per cent of the group were born in 1901 or earlier. If, therefore, this contact has not been established at an age approximating twenty-one, the chances are considerably lessened, for this group, that it will be established extra-maritally in later years. The relatively early ages at which these contacts are established raises the question of how far such episodes represent initiative as opposed to suggestibility in this sphere. The data do not suggest independent seeking of gratification in response to coercive urge. Probably a leading factor is response to the invitation of more mature women; the example of promiscuous older companions is no doubt significant as regards prostitutes, but the rôle of these in the matter generally is a minor one (item 90).

87. Indicate by underscoring the approximate number of such episodes up to the present time: (a) less than 10 (20); (b) 10–20 (10); (c) 21–40 (1); (d) 41–60 (½); (e) 61–80 (1); (f) 81–100 (0); (g) over 100 (1).

The evaluation of overt extra-marital sex activity is a complicated problem; this and the two following questions were directed thereto. It would appear that the primary process plays a rather subordinate rôle in this group. Only a minor percentage have pursued these contacts in anything like an habitual way. The relation of this inquiry to that concerning prostitution is obvious.

88. With how many different women have you had intercourse? (Underscore.)

| 1 | 2 | 3 | 4 | 5 | more than 5 |
|---|---|---|---|---|---|
| 7.7 | 3.6 | 4.8 | 3.1 | 6.7 | 10 |

This question is so closely related to that on prostitution that at the risk of anticipating it may be said that there is no essential difference in this respect between those dealing with prostitutes and those dealing with "others". The replies lend color to the view that these contacts are relatively opportunistic. Once established, they tend not to be restricted to a single partner. Practically half the group involved have dealt

with five women or more, though only a third of this number have passed through more than twenty episodes of this nature.

89. About how many times *a month*, on an average, have you had intercourse during the past year? (Underscore.)
Less than 1 — 1 — 2 — 3 — 4 — 5 — more than 5
16 4.9 2 2 ½ 1 2

A question in the previous study somewhat comparable to this indicated that about twice as many had intercourse less often than once a month than did so oftener. The present item was intended as a guide to the individual's contemporary adjustments in the field. More activity is indicated than in last year's data, but its rôle is hardly important in more than 15 per cent of the group as a whole.

90. What proportion of your acts of sexual intercourse do you suppose to have been with prostitutes? (Underscore. A prostitute, within the meaning of this question, is a woman who accepts these relations primarily on a commercial basis.)
(a) NONE WITH PROSTITUTES (21); (b) ABOUT ONE-QUARTER (4½); (c) ABOUT HALF (3); (d) ABOUT THREE-QUARTERS (2); (e) ALL OR PRACTICALLY ALL WITH PROSTITUTES (4½).

These results throw the findings of last year into stronger relief. A distinct majority report no dealings with prostitutes; only one-fifth as many report all dealings with them. Some factors affecting this item have been discussed in the previous report. It is even more evident than at that writing that the prostitute plays no indispensable rôle in the primary activities of this group. Rather is the question raised of what leads the prostitute to be sought—*e.g.*, adequate stimulation by members of the prostitute class only (cf. Sadger) or personal unattractiveness to the opposite sex upon other than the commercial basis above cited. A normal coercive organic "hunger", appeasable through organic contacts as such, seems out of the question.

91. About what proportion of your sexual acts have been when you were under the influence of alcohol? (a) NONE (25); (b) ONE-QUARTER (7); (c) HALF (1½); (d) THREE-QUARTERS (1); (e) PRACTICALLY ALL (2½).

These findings closely parallel the above, and bear out what has been many times remarked of alcohol and prostitution. What they further show—which has not been so widely affirmed—is that primary eroticism persists in considerable

degree, and presumably at a level of more hedonic value, in the absence of alcoholic reinforcement.

92. At what age did you masturbate for the first time? (Underscore age.)

| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 3 | 2 | 7 | 4 | 10 | 12 | 18 | 8 | 6 | 3½ | 3 | 1 | ½ |

| 21 | 22 | 23 | 24 and over |
|---|---|---|---|
| ½ | 1 | 0 | ½ |

With regard to the age when adolescent masturbation begins, the figures are very similar to those of the previous report. The only noteworthy difference is that but half as many (3½ per cent) deny the practice altogether. Possibly the better physical organization of the later questionnaire has something to do with this; in the well-known advertising phrase, "printing gets things done".

93. For how many years did you continue with regularity? (Underscore years.)

| 1 or less | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 or more |
|---|---|---|---|---|---|---|---|---|---|
| 18 | 11 | 15 | 7 | 7 | 4½ | 3½ | 3 | 1 | 4½ |

These figures depart from those of the previous year in being more scattered. There are considerably more cases at both ends of the distribution.

94. About how many times *a month*, on an average, did you masturbate during this period? (a) LESS THAN ONCE A MONTH (14); (b) ABOUT ONCE A MONTH (11); (c) TWICE (16); (d) THREE TIMES (11); (e) FOUR TIMES (11); (f) OFTENER THAN FOUR TIMES A MONTH (13). (If you can state or estimate the number of times altogether, please do so.)

These figures are nearly identical with those of last year.

95. Is the practice now a problem? (a) YES (9); (b) SOMEWHAT (12); (c) NO (67).

The form of this question departs from the corresponding one of last year in a way that seems specifically to influence the results. The form of last year's question invited rather definite positive or negative answers, the proportion resulting being as 14 to 66. Here the intermediate possibility of "somewhat" is suggested, with the result that a total of 21 per cent now regard their lives as more or less complicated with fixations at this level. The proportion who answered negatively is not altered; the "somewhat" group is derived

partly from the "yes" group, partly from those who ignored the question or answered unintelligibly. There is reason to suppose that those who ignored the question include a fair proportion in whom the facts are positive; it seems less likely that the negative answers are thus modified to any grave extent.

96. To what extent do sexual thoughts and unsatisfied sexual cravings seem to interfere with your work? (a) LITTLE IF AT ALL (50); (b) MODERATELY (40); (c) MARKEDLY (6½); (d) EXTREMELY (1½).

There is more recognition of interference in the present group than in last year's, which may be conditioned by the form of the question.

97. What has proved the best outlet to turn your thoughts away from sex? (a) INTELLECTUAL WORK OR PASTIME (23); (b) MUSCULAR WORK OR PASTIME (37); (c) SOCIAL ACTIVITY (12); (d) OTHER INTERESTS (state nature, if practicable) (4½).

The figures are in substantial accord with the previous data. The place of social activities is again low, and the prominence of intellectual work has relatively increased. Considerations raised under item 82 would now suggest that this is in part because social activities are apt to involve more or less stimulating contacts with the opposite sex. The primacy of muscular activity in respect to this item seems definitely established.

98. During the past year, how many times *a month,* on an average, have you had nocturnal emissions? (a) ONCE A MONTH OR LESS (52); (b) TWICE A MONTH (30); (c) THREE TIMES (4½); (d) FOUR TIMES OR MORE (4½).

The meaning of these figures is very limited, as it is bound up with their relation to primary eroticism, masturbation, and the like.

99. Have you ever had the following: (a) GONORRHOEA (2); (b) SOFT CHANCRE (0); (c) HARD CHANCRE OR SYPHILIS (0)?

As in the previous data, the incidence reported is lower than expected. It should be borne in mind that but 15 per cent of the group have trafficked with prostitutes at all. The number of infections reported is thus one-seventh of those particularly exposed. Havelock Ellis has mentioned that the less select social strata may be actually less exposed to vene-

real infection, the standards of the group making it easier to establish primary contacts above the prostitute level. Such figures as those of items 89 and 90, however, would indicate that this class difference is disappearing under the influence of democratic institutions. The results in the present item would be consistent therewith.

100. Do you worry about your health without sufficient cause? (a) CONSIDERABLY (2); (b) SOMEWHAT (21); (c) LITTLE IF AT ALL (72).
101. Have you any special fears or dreads? YES (18); NO (75).
102. If yes, please specify. .....
103. Do you talk out your troubles (a) OPENLY (4); (b) UNBURDEN TO CLOSE FRIENDS (43); (c) KEEP TO SELF (47).

The large number of (c) answers may as reasonably be regarded as the product of a healthy self-reliance as of "shut-in-ness". It is especially necessary to take into account the setting of other traits in which such a trait as this occurs.

104. Are you (a) EVEN-DISPOSITIONED (59) or do you (b) SWING UP AND DOWN (35)?

This question and its replies are practically identical with those of last year.

105. Is your common mood (a) BUOYANT (17); (b) MEDIUM (56); (c) SOBER (24)?

In some respects this is the weightiest item in the questionnaire, as it reflects the general level of satisfactions at which the individual lives. Here again (cf. item 95) the question of the previous year has been altered to include an intermediate category. (Cf. also item 108, question 54 of last year.) As this is against a psychological principle of questionnaire work, some explanation may be offered of why it was done. In this instance it was specially desired to separate out those who regarded themselves as distinctly above or below medium. This is not attained by two categories, such as last year's. Nor was it desired to force this decision where it was difficult, as this is not here of sufficient import. The question here serves to distinguish two groups of major and minor satisfactions whose relation to more specific adjustments, such as those of social and sex life, will be taken up in subsequent reports.

Have you had episodes of apparent depression or elation, out of proportion to the apparent cause?

106. Depression—YES (38); NO (52).
107. Elation—YES (38); NO (49).

In the previous inquiry a corresponding question (No. 66) read, "Have you ever had more than transient periods of depression or elation?" Eighty-seven per cent answered No, 6 per cent Yes, the remainder scattering. The changes made in the present question produce a body of information strikingly different.

108. Do you easily feel slighted or badly treated? (a) YES (19); (b) RATHER (42); (c) NO (35).
109. Name the three or four pursuits, indicating the order so far as possible, through which you get the most satisfaction from life. .....
110. What personage from history or legend do you admire most, or would you consider your ideal? .....
111. Name three or four other personages who would stand high in this respect (a) .....; (b) .....; (c) .....; (d) .....
112. Has your attitude in relation to this personality study been (a) INTERESTED (77); (b) INDIFFERENT (16); (c) RESENTFUL (0)?

A similar query was placed at the end of the general personality and of the "sex" divisions of the previous inquiry. In the latter case 6 per cent recorded a "resentful" reaction, not reported in the present instance. In the general personality questionnaire, slightly more interested and fewer indifferent responses were recorded than here. This is almost certainly because the previous questionnaires gave more latitude to the forms of answers and room for the satisfactions of self-expression at this level. It is more interesting to write about one's self than simply to make marks. The issue between the two types of questioning has been already discussed. In further inquiries it seems wise to separate them rather definitely according to their respective functions.

The aim of this presentation has been to give a general view of the data most susceptible to normative treatment. Further studies will deal with relationships among the various traits reported with reference to personality type, and so forth, and with special topics that come to light in further examination of the data.

# SOME OBSERVATIONS ON "CONTRARINESS" OR NEGATIVISM

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IN THE course of my acquaintance with two families, some of whose members possessed strong negativistic tendencies, I made several observations that might be of interest to those engaged in the study of behavior and conduct problems. In the following short article I have therefore endeavored to set down those thoughts and observations with special reference to contrariness, stubbornness, obstinacy, and "hot-headed" opposition. After describing the general conditions that lead to "contrariness", I have offered a few suggestions as to how such behavior might be treated, based both upon psychological facts and my own observations of actions on the part of other people that "worked well" or that brought disaster.

We are told by some psychologists that contrariness and the kindred forms of behavior already mentioned are symptoms of "negative" or "contra" suggestibility. This latter trait, upon analysis, is found to be a defense reaction against the influence of authority and coercion. It is normal in young children, "especially between the ages of two and three years, during the transition period from helpless infancy to assertive childhood".[1] When this negative attitude persists and becomes habitual, according to McDougall, it "seems to be determined by the undue dominance of the impulse of self-assertion over that of submission, owing to the formation of some rudimentary sentiment of dislike for personal influence resulting from an unwise exercise of it—a sentiment which may have as its object the influence of some one person or personal influence in general".[2]

[1] *Social Psychology*, by Floyd H. Allport. Boston: Houghton Mifflin Company, 1924. Chap. X, p. 250.

[2] *An Introduction to Social Psychology*, by William McDougall. London: Methuen and Company, 1915. Chap. IV, p. 102.

Negativism may also be a defense against an innate hyper-suggestibility. Defense reactions are known to develop in opposition to some strong tendency; for example, extreme prudishness may be a defense against a strong erotic tendency. Contra-suggestibility, similarly, may develop in a person who is originally highly suggestible, as a crude way of asserting his independence and of defending himself against all social influences in the environment, whether immediately personal or not. The suggestion or "social stimulus" [1] necessary to produce these automatic responses, either of straight acceptance or of opposition, may be read in a book or a newspaper column, perceived in an actual social situation, or heard in conversation. It may be direct or in the form of a hint, an intimation, or an insinuation.

Contra-suggestibility, again, may have a combination of causes; it may be a defense both against authority and against innate hyper-suggestibility. Its determination may be further complicated by other defense reactions and associated emotional experience. For instance, certain forms of negativism savor very much of the "sour-grapes" attitude. One of my subjects tended to set up an opposition against or take an attitude of ridicule toward a topic of conversation of which she really approved if the other person in the discussion defended her cause with extreme vehemence and enthusiasm. Since the subject herself could not achieve such heights of oratory and eloquence, she unconsciously endeavored to attain superiority by belittling the cause and its exponent. This form of self-assertion is termed by Adler the "derogatory impulse" and is one mode of expression of an inferiority complex or conflict.[2] But whether it be due to simple or complex causes, negativism is always an emotional reaction involving some degree of mental conflict. The greater the complexity of causes, perhaps the greater the emotional disturbance involved.

There are persons who are both negatively and positively suggestible at times. Perhaps these are persons whose defense mechanism has grown up largely as a protection

[1] F. H. Allport, *op. cit.*, p. 252.

[2] *The Neurotic Constitution*, by A. Adler. Authorized English translation by Bernard Glueck and John Lind, New York. Moffat, Yard, and Company, 1917.

against their innate hyper-suggestibility. All the subjects of my observation seemed to me to be of this type. They would repeat the ideas and sayings of people of whom they were fond, accept their judgments and attitudes with regard to books, people, social or other problems, and even imitate their mannerisms or peculiarities of speech.

It is a well known fact that some people are more suggestible than others; but unfortunately comparatively little work has been done with regard to the exact measurement of suggestibility and the study of its correlation with other personality traits. Although a few psychological tests [1] have been devised for this purpose, I know of no reliable statistical evidence that shows the relationship of suggestibility to intelligence, to temperament, or to the various forms of psychopathy.

Some experimental work has been done in an attempt to show change in suggestibility with change of age. Town [2] has shown that "average boys of twelve to fifteen years of age are highly suggestible". There is a little experimental and much observational data to the effect that children are ordinarily very suggestible as compared with normal adults, as also are psychoneurotic, unstable, fatigued, relaxed, or intoxicated persons and members of a crowd.

The subjects of my observation—two men, two women, and one boy—were all of supernormal intelligence, perhaps with slight tendencies toward emotional instability and psychoneurosis. Each of them tended to develop strong likes and dislikes toward persons, forms of behavior, customs, principles, and material things associated with them. They all developed deep affections for particular persons.

During my observation of their negativistic reactions, I noticed that these were prompted most frequently by persons who were disliked or disapproved of either for their actual character traits, behavior, or appearance, or for their association with persons, customs, principles, or other objects of dislike and disapproval. I found, moreover, that even

[1] *Manual of Mental and Physical Tests*, by George M. Whipple. Baltimore: Warwick and York, 1919.

[2] "An experimental Study of the Suggestibility of Twelve- and Fifteen-year-old Boys", by Clara Harrison Town. *Psychological Clinic*, Vol. 10, pp. 1-12, March 15, 1916.

people who were generally regarded with affection were opposed or reacted against when anything about their person or their behavior might be associated with one or more of the "dislikes". These associations were seldom clearly perceived by the "contrary" one. The whole reaction would often result in the most torturing mental conflict and even physical discomfort for that individual. One man, for instance, would take a "contrary fit" against his wife whenever the time came for paying monthly accounts, whether they were his or hers, whether large or small, or whether he could pay them or not. Upon these occasions his wife, though not extravagant, became inseparably bound up in his mind with the horrors of debt and dependence. He would oppose everything she wished or suggested, first with regard to the financial business and then with regard to anything at all. If she preferred dinner at seven, he preferred it at eight. If she had planned a little evening party, which he would normally enjoy, he would go out. Sometimes he would confine himself to one room and refuse to speak to her for a time, depriving himself of pleasant company, proper meals, and the comfort of a warm fire in the evening. After a time he would gradually become more agreeable, and eventually he would endeavor to make some compensation to his wife, whose affection and company he really appreciated. This seemed to result in restoring his own mental relief and happiness.

Acceptance of and opposition to suggestion, according to psychological authorities,[1] both operate automatically and unconsciously. This fact was clearly noticeable in all the behavior reactions of either sort that I studied. It also accounts, in the case of strong negative reactions, for the powerful influence of associations with "dislikes". These, unperceived by the individual, operated suddenly and automatically because unchecked by his conscious preferences and control.

The outcome of this blind negativism is often to make the person behave in ways contrary to his deepest wishes, to

[1] See William McDougall, *op. cit.;* Charles Baudouin, *Suggestion and Autosuggestion* (translated from the French by Eden and Cedar Paul; New York: Dodd, Mead, and Company, 1921); F. H. Allport, *op. cit,;* W. Trotter, *The Herd Instinct in Peace and War* (London: T. F. Unwin, 1916).

make him utter false judgments and come to hasty, biased, and inaccurate decisions.[1] Socially, he is a difficult and unreliable person.

A complementary picture to this one is that of the hyper-suggestible person who is influenced against his wishes by the suggestions of others and who will sometimes rebel against—he knows not what. These outbursts in reality are due to his own personality traits asserting themselves after long suppression from assumed attitudes and behavior imitated from some one else of a different personality type. Such a person's judgments are determined by the immediate environment through the suggestion of people, books, or associated ideas with the concrete surroundings. My negativistic subjects, I noticed, would exhibit a similar picture of hyper-suggestibility in the presence of congenial company and when no unhappy associations prompted a negative response.

It would seem, then, that for the happiness and greater efficiency of the individual, it would be well for him to be aware of these unconscious tendencies within himself, whether he be mainly of the negativistic or of the hyper-suggestible type. Of contra-suggestible persons McDougall says, "commonly such persons regard themselves as displaying great strength of character and cherish their peculiarity".[2] In addition to merely becoming conscious of his tendency, then, a negativistic person would need to consider its true nature: he would need to trace back in memory and, preferably with the aid of an old and trusted friend, to find the origin of his contra-suggestibility, and then to reëvaluate it in the light of its effect upon himself and upon his social relationships.

With such knowledge the individual could then proceed to "map out" actual situations and recognize those elements likely to influence his behavior to a greater or less extent. He could evaluate his own judgments. He could interpret his own "bad times", weigh the causes determining them, and choose a more desirable course of action. All this would take time, of course. Adjusting to oneself is a slow process,

[1] "An Experimental Study of Decision Types and their Mental Correlates", by J. W. Bridges. *The Psychological Monographs,* Vol. 17, August, 1914. p. 53. (Monograph No. 72.)

[2] William McDougall, *op. cit.,* p. 102.

but it develops more rapidly with the experience of success. One of my subjects who made serious efforts at such an adjustment derived great benefit and happiness thereby.

During the process of adjustment, when a relapse to negativistic behavior occurs, a friend or relative in whom the individual has respect and confidence can often be of great assistance in preventing a series of unhappy consequences and in furthering the adjustment process. The friend should be quick to observe the offending situation or association that prompted the negativistic response. He should try to change the situation or remove the negative individual from the situation by the most expedient and expeditious means. In the case of a child, this might only consist in taking up his attention with a different and interesting object, or it might involve participation in some pleasurable form of muscular activity, through which medium the emotional disturbance already aroused might be expressed. In the case of adults, a change of occupation, a game, or a walk would be effective for the same reasons, should any of these be feasible at the time.

If the trouble is to be found in the friend himself, in his behavior, or in an association with his behavior, the situation is more difficult. The mental conflict set up in the negative person between his affection for the friend and the offending association or behavior will intensify the emotional reaction. It may even be necessary for the friend to go away for a while, reappearing as far as possible without the offending marks and preferably for the purpose of joining some pleasurable pursuit, game, sport, or social entertainment.

Whether the friend temporarily separates from his negativistic pal or not, he must endeavor to change his appearance in the eyes of the pal, possibly by drawing attention to projects, experiences, events, ideas, or objects of mutual interest and entirely unassociated with the offending causes. The intervention of games or amusements would be of value, as already stated, for these would tend to relieve the emotional tension in the negative person and to restore a spirit of congeniality between the two friends. Under these conditions it would be possible for the friend tactfully to help the negativist to become conscious again of his own behavior and its immediate causes, so that he could make good his experi-

ence and not relapse back into his disagreeable and obstinate ways.

In dealing with contrary and stubborn children, for the sake of expediency elders will often try to "put across" their wishes by suggesting the opposite. This only helps to develop the child's negativistic tendency by force of habit, and is not assisting him to emancipation from his impulses and to intelligent control of his behavior.

There is a still more dangerous and futile way of dealing with an obstinate child in an endeavor to get his coöperation or submission to authority for some necessary purpose, and that is by attempting to force the child or to "break his will". In the first place, this increases the cause for negativism and resistance against unpleasant and stern authority. Secondly, it is a challenge to the child to fight, a suggestion in itself for the opposite of what his elders wish. And, thirdly, if the child wins in the conflict of wills, it weakens his respect for the person exerting the authority and gives him a feeling of great satisfaction with regard to his own obstinate tendency. If he loses in the battle, he may lose also his self-confidence and the will to achieve anything at all; while his revolt against authority may turn into a secret "grudge", expressing itself in cunning and "underhand" ways.

When the original causes of a negativistic tendency are sought out, they may always include a just revolt in the beginning against an unreasonable, harsh, or intrusive authority. This was the case in all five of my subjects of observation. Furthermore, when the immediate causes of a particular "fit of contrariness" are discovered, they may often disclose attempts on the part of other people to exert unjustifiable influence, sometimes conscious, sometimes wholly unconscious. This also was my experience. We all of us have some tendency to dominate and we all of us need to learn greater respect for the rights of others to independence, whether they be grown-ups or children.

One word I may add with regard to the social importance both of suggestibility and of contra-suggestibility when under conscious vigilance and control on the part of the individual. Through his suggestibility a person receives knowledge of things as they are, of people and their ways, their needs,

thoughts, and ideals. It is the easiest channel through which to learn sociable behavior and to pick up information and experience of others. All this forms the material upon which must be based future theories, inventions, discoveries, or practical constructions. Through contra-suggestibility, on the other hand, a person may become aware of flaws in the present system, of the inadequacy of theories, customs, laws, or institutions to meet human needs. It is through this channel that inspiration comes to form new ideas, to adapt old forms of behavior to new situations, and to effect social reconstructions from the knowledge already imbibed. The one trait is as necessary to the welfare of the individual and to humanity as is the other. It is only when either trait is allowed to function unconsciously and unchecked that it becomes a menace to the happiness of its possessor and his associates.

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Your children are not your children,
They are the sons and daughters of Life's longing for itself.

. . . . .

You may give them your love, but not your thoughts,
For they have their own thoughts.
You may house their bodies, but not their souls,
For their souls dwell in the house of to-morrow, which you cannot visit, not even in your dreams.
You may strive to be like them, but seek not to make them like you,
For life goes not backward nor tarries with yesterday.

—Kahlil Gibian, in *The Prophet.*

# STATE LAWS RELATING TO SPECIAL CLASSES AND SCHOOLS FOR MENTALLY HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS

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PLANS for providing instructional and training facilities for feebleminded and other mentally handicapped children in the public schools have everywhere encountered at the outset opposition on the ground of expense. A program that demands the best trained teachers for these least promising children and allots to each teacher not more than eighteen children involves an increase of expenditure that at once sets up a barrier in the minds of school boards and superintendents and makes the initiation of such special training very difficult. Some states have encouraged local boards of education to provide training facilities for mentally handicapped children by authorizing the state superintendent of education and the state treasurer to pay a certain proportion of the salaries of teachers of special classes, or to pay a given sum for each properly qualified pupil attending a properly organized special class.

In various states statutory provisions have been made for the examination of or for approval of the qualifications of special-class teachers, for the examination and enumeration of children retarded in mental development, for the organization of special classes, and for the employment of state directors of special classes. Our 1923 survey [1] revealed so wide a variation from state to state in the provision of facilities for the special training of mentally handicapped children—the incidence or frequency of special training opportunities in the public schools ranging from no provision what-

[1] *Special Training Facilities for Mentally Handicapped Children in the Public Day Schools of the United States,* by T. H. Haines, M.D. MENTAL HYGIENE, Vol. 8, pp. 893–911, October, 1924.

ever in eleven states up to Wyoming's figure of 78 children in special classes for every 10,000 school children from seven to fifteen years old—that it is of interest to review these statutory provisions, and to examine into possible relationships between legal provisions for special-class facilities and the organization of such facilities.

The various statutory provisions were enacted to encourage the development of facilities for the training of mentally handicapped children in the public schools. We can ascertain how far the fulfilment of this purpose has been attained, and by what legal provisions, by confronting these statutory provisions, state by state, with the tabulated statements of organization. We cannot expect exact and positive results, since the conditions of the experiments have not been controlled, but we should secure some significant data, in view of the fact that certain of the statutes were enacted nine years ago.

Existent statutory provisions will be presented topically as relating to (1) mandates and permits to organize special classes; (2) definitions of "mentally retarded" or other problem children; (3) provisions for the physical and mental examination of children and the enumeration of candidates for special classes; (4) provision for state direction of special classes; (5) regulation of the course of study in special classes; (6) examination and approval of the training and qualification of special-class teachers; and (7) state aid for special classes in schools for mentally handicapped children.

The date of enactment is given for each quotation made. We have tried also to give the dates of earlier enactments expressing the same general intent.

### MANDATES AND PERMITS TO LOCAL BOARDS OF EDUCATION TO ESTABLISH AND MAINTAIN SPECIAL CLASSES AND SCHOOLS FOR MENTALLY HANDICAPPED CHILDREN

*California:* "The board of education of any city school district, upon recommendation of the city superintendent of schools, or the board of school trustees of any elementary school district, upon recommendation of the county superintendent of schools, may establish and maintain one or more separate classes for pupils who would profit more from a course other than the regular course of study prescribed for the elementary schools, and may substitute for the regular course of study other types of school work or study approved by the superintendent of

schools as being better adapted to the mental needs of the pupils enrolled." (From Section 6 of Chapter 685, amending Section 1662 of the Political Code, and approved June 3, 1921.)

*Connecticut:* "No educationally exceptional child shall be deprived of school privileges except with the express approval of the secretary of the state board of education, and every child so excluded shall be brought immediately to the attention of proper authorities to insure adequate protection and training for the child.

"Any board of school visitors, town school committee, or board of education may provide special instruction for educationally exceptional children. Two or more school districts may combine to provide such instruction. Upon the petition, approved by the state board of education, of the parents or guardians of ten or more educationally exceptional children residing in any school district, the board of school visitors, town school committee, or board of education shall establish a school for said educationally exceptional children or shall provide instruction in some other way." (From Chapter 355, Act approved June 24, 1921.)

*Illinois:* "The board of education shall exercise general supervision and management of the public education and the public school system of the city [100,000 population] and shall have power to make suitable provisions for the establishment and maintenance throughout the year, or for such portion of the year as it may direct, not less than nine months in time, of schools of all grades and kinds, including normal schools, high schools, night schools, schools for defectives and delinquents, parental or truant schools, schools for the blind, the deaf, and the crippled, schools or classes in manual training, constructural and vocational teaching, domestic arts and physical culture, vacation and extension schools and lecture courses, and all other educational courses and facilities, including playground maintenance." (From Section 136, passed by the Fiftieth General Assembly, approved April 20, 1917, and amending Act of 1909).

*Louisiana:* "Parish school boards shall have authority to organize and maintain special classes or schools for the benefit of mentally, morally, or physically deficient children whose needs cannot be properly cared for in regular public schools." (From Act No. 111, approved July 13, 1922.)

*Massachusetts:* "At the beginning of each school year the committee of every town where there are ten or more such children [three years or more retarded] shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. No child under the control of the department of public welfare or of the child-welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section, shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to

maintain a special class as provided for in this section." (From Chapter 231, approved March 31, 1922, and reënacting law of July 1, 1919.)

*Minnesota:* "Upon application of any special, independent, or common school district, complying with the provisions of this act, made to the commissioner of education, he may grant permission to such district to establish and maintain, within its limits, one or more schools for the instruction of deaf children who are residents of the state."

"Section one (1) of this act shall, so far as applicable, provide for and apply to schools for mental subnormal children, except that these schools shall be under the control of the commissioner of education."

"Permission to establish such special classes as may come under the provisions of Sections 3 and 4 of this act may be granted to districts which have an actual attendance of not less than five children of school age." (From Sections 1, 4, and 5, Chapter 194, Laws 1915, amended in 1919 and 1921.)

*Missouri:* "Whenever in any school district there shall be found ten or more children who are blind, or who are deaf, or who are crippled, but yet able to be moved about, or who are feebleminded and yet capable of instruction, the board of education or board of directors of the district may provide appropriate instruction in a special class for such groups of ten or more of each class of defectives, and shall provide transportation to and from school for such children as could not otherwise attend. Instruction, which is adapted to the varying physical and mental capacities and handicaps of the children, must be provided in these classes under the regulations of the state department of education: Provided, that the instruction given in all such special classes shall be limited to the elementary-school grades." (Section No. 11147, approved April 2, 1921, and May 30, 1919.)

"School districts may establish special classes for twenty or more children, who, while not feebleminded, are on the border line of mental deficiency, or as [are] so backward in intelligence as to be incapable of receiving proper benefit from the instruction in the regular grades, and shall receive state aid to the amount of three hundred dollars ($300) per annum for each teacher wholly employed in the instruction of such pupils, provided the teachers have been especially trained for the work and the classes approved in accordance with section 11149." (Section No. 11150b, approved April 2, 1921.)

*New Jersey:* "In each school district in this state in which there are ten or more children three years or more below normal, the board of education thereof shall establish a special class or classes for their instruction, no class, however, to contain more than fifteen children." (From Chapter 239, approved April 8, 1921, amending act of February 11, 1918.)

*New York:* "The board of education of each city and of each union free school district in which there are ten or more children three years or more retarded in mental development shall establish such special

classes of not more than fifteen as may be necessary to provide instruction adapted to the mental attainments of such children." (From Chapter 553, approved May 18, 1917.)

*Oregon:* "In every school district in the state now having a general population of ten thousand (10,000) inhabitants, or which at any time hereafter shall attain ten thousand (10,000) inhabitants, the board of directors may establish a department of research and guidance in the public schools of such district.

"The board of directors may place such department, when established, under the supervision and control of a person of such training, experience, and capacity as shall fit him to conduct the work of said department properly and efficiently. Said person shall be known and designated as the director of the department of research and guidance, and shall perform his duties under the general control and supervision of the superintendent of schools of the district. The board of directors shall have the same powers with respect to his appointment and removal and the fixing of his salary as in the case of the city superintendent of schools and his assistants."

"The board of directors of any such district is hereby authorized and empowered to establish and maintain such special schools, courses, classes, or instruction as they may deem necessary for the proper instruction and education of educationally exceptional children, as defined in this act, and said board is hereby authorized and empowered to require the attendance of such children at such schools, courses, classes, or instruction as may be established hereunder, although said schools, courses, classes, or instruction may be located outside of the subdistrict wherein such child or children may reside. (Sections 1, 2, and 6, Chapter 28, approved February 8, 1923.)

*Pennsylvania:* "The county or district superintendent of schools shall submit to the board or boards of school directors plans for establishing and maintaining special classes in the public schools or special public schools for the proper education and training of all such children reported to him as fit subjects for special education and training, and it shall be the duty of the board of directors of any district having such children to provide and maintain, or to jointly provide and maintain with neighboring districts, such special classes or schools: Provided, however, That if it is not feasible to form a special class with a minimum attendance of ten children in any district, or if [for] any other reason it is not feasible to provide such education for any such child in the public schools of this district, the board of school directors of that district shall, if the parents or guardians of said child give written consent, secure such proper education and training outside the public schools of the district, or in special institutions, on terms and conditions not inconsistent with the terms of this act or of any other act then in force applicable to such children." (From Section 1413 of School Laws and Decisions, as amended July 22, 1919.)

*Utah:* "The board of education of any city of the first class shall, or the boards of education of any other school district, under a contract

to be approved by each of such boards, may provide for the establishment and maintenance of special schools and classes and for the support and education of the children transferred to them under the provisions of this chapter." (Section 4721, Laws of 1921, Chapter 105, approved March 21, 1921.)

*Wisconsin:* "Upon application by the district board of any school district embracing within its limits any village or city, or the board of education of any city, the state superintendent may authorize such school district board or board of education to establish and maintain within the corporate limits of any such village or city, respectively, a special class for the instruction of exceptional persons of school age who reside in said school district or city." (Subsection (1) of Section 41.035, Statutes of Wisconsin, approved July 6, 1917.)

*Wyoming:* "It shall be the duty of the State Board of Education to provide for the education and training, and when necessary, for the support and maintenance of children resident in this state who are afflicted with stuttering, stammering, defects of the organs of speech, arrested physical development or other physical defects (caused by infantile paralysis or otherwise), or who are defective in mental development, and who are, in consequence of such defects, unfitted for attendance in the public schools, and for whose instruction, treatment, and care no adequate provision is made in the public schools or other public institutions of the state. It shall be lawful for the State Board of Education thus to provide for such children under the age of twenty-one years, by placing them in some school or institution in this state or elsewhere, as may be deemed expedient, or to provide for special classes for such children in the local schools of any city or rural district." (Section 2, Chapter 41, approved February 9, 1919.)

"The State Board shall assume the care for such children only in cases where the Board of Education of the school district in which such pupils reside shall approve such action." (From Section 4, Chapter 41, approved February 9, 1919.)

Comparing this list of states, each of which has a legislative mandate or permit for organizing special classes in the public schools, with the tabulated list of states that give percentages of children from seven to fifteen years old enrolled in special classes, we find that:

1. Every one of these states that have statutory regulations has also some special classes in its public schools. The mandates, however, are far from being duly obeyed. Special classes are lacking in many districts in which the state law requires that they should be organized.

2. Some of the states that rank low in percentages of seven-to-fifteen-year-old children enjoying special-class facilities

have definite requirements by state law for the organization of such special classes. Instances can be cited in Lousiana, Utah, Missouri, and Wisconsin.

3. Some of the states that rank high in the organization and operation of special classes have no legislative requirement on this subject. Such are Michigan and Rhode Island.

While statutory permission or requirement is probably not, therefore, necessary as a prerequisite for organizing special classes in any state, such a legislative requirement, taken in connection with provisions for the supervision of the special-class teaching by the state department of education, for competent clinical examination of problem children, and for financial aid from the state treasury, does act as an accelerator of the organization of special-class facilities in the public schools.

DEFINITIONS OF MENTALLY RETARDED OR OTHER PROBLEM CHILDREN ELIGIBLE TO SPECIAL CLASSES

*Connecticut:* "The term 'educationally exceptional children' shall include all children over four and under sixteen years of age who, because of mental or physical handicap, are incapable of receiving proper benefit from ordinary instruction and who, for their own or the social welfare, need special educational provisions." (Section 2, Chapter 355, approved June 24, 1921.)

*Illinois:* "For the purpose of this Act 'specially handicapped children' shall be defined as including the following three groups of children:

"(a) All children of school age who are three years retarded in school grades or the mental equivalent in retardation in those children who have not had three years in school.

"(b) All children of school age who are delinquent; that is, those who display antisocial tendencies, incorrigibility, or any similar characteristics.

"(c) All children of school age who, in the opinion of the teachers, are different or stand out from the others by reason of physical or mental handicaps such as any of the following characteristics: melancholia, having fits or spasms, extreme nervousness, stammering, hysterical, physical and mental factors otherwise sufficient to interfere with their progress in school, interfere with the progress of other pupils, or to constitute a disturbing factor to teachers or pupils." (Section 5, Senate Bill No. 448, approved June 25, 1923.)

*Oregon:* "The term 'educationally exceptional children' shall include any child between the ages of six and seventeen years, both inclusive, who is not receiving proper benefits from the ordinary instruction in the public schools, either because of exceptionally keen mental qualities or

because of mental or physical handicap which incapacitates such child from pursuing the studies scheduled in the classes to which such child would ordinarily belong." (Section 3, Chapter 28, approved February 8, 1923.)

*Pennsylvania:* Every child "between the ages of eight (8) and sixteen (16) years, who is gravely retarded in his or her school work, or who, because of apparent exceptional physical or mental condition, is not being properly educated and trained" is to be reported. (From Section 1413, as amended July 22, 1919, P. L. 1090.)

*Utah:* "Any child between the ages of eight and eighteen years, residing within the city or cities maintaining such special schools or classes, who in the judgment of the board of education of such city, is not receiving care, training, and education adapted to his special needs, or who has become, or is in danger of becoming, a delinquent child, within the meaning of Section 1829, Compiled Laws of Utah, 1917, or a dependent or neglected child within the meaning of Section 1835, Compiled Laws of Utah, 1917, shall, with the consent of the parent or parents, custodian or guardian of such child, be transferred to a special school or class, provided for the purpose, for a term not extending beyond the age of eighteen years." (Section 4722, Laws of 1921, Chapter 105, approved March 21, 1921.)

Missouri statutes specify "feebleminded children who are yet capable of instruction", and laws in Massachusetts and New York use the phrase "three or more years retarded" and in New Jersey the phrase "three years or more below normal" to designate children as suitable candidates for admission to special classes.

Definition by statute aims to make clear what children present such serious problems or are so retarded in school work or so defective mentally that they should be considered candidates for special-class training. It is clear that determination of the causes of retardation is a matter for medical study and clinical decision. It is equally clear that the determination of what training is best calculated to serve the interests of each retarded child will depend upon the clinical findings in the case.

It is well known that the border line between mental deficiency and normality is a shadowy one and that its determination is complicated by various types of defect of personality make-up. It seems, therefore, hardly desirable to seek to define mental deficiency more precisely in statutory regulations. The chief function of a statutory definition is to

open the opportunity for and to arrange for the organization of a *mental-hygiene school clinic to study the personalities of problem children.* As a matter of experience, in states where proper clinical advice is available for the schools—even where the statute provides for the study only of those children who are three or more years retarded in mental growth—it is found that every sort of mental problem is brought by the schools to such clinical service.

PROVISIONS FOR EXAMINATION OF PROBLEM CHILDREN AND ENUMERATION FOR SPECIAL CLASSES

*Connecticut:* "Said board shall make regulations requiring enumeration and reporting of all educationally exceptional children. . . . The board of education shall prescribe forms for reports required by any court on the educational status of school children, summarizing the child's school career and indicating his capacity to profit by experience and by instruction. Said board shall supervise the educational interests of all children over four and under sixteen years of age who are residing in or attending any child-caring institution receiving moneys from the state treasury." (From Section 2, Chapter 355, approved June 24, 1921.)

*Illinois:* "The Department of Public Welfare shall make and conduct a survey, to be completed within two years after the passage of this Act, covering the numbers, location, and types of specially handicapped children of school age within the state of Illinois, and shall, in coöperation with representatives assigned by the Illinois Department of Public Health and Public Instruction, and board of education of Chicago, prepare and publish a report containing the findings and recommendations resulting from such survey.

"The Director of the Department of Public Welfare shall determine (with the coöperation of representatives to be assigned by the Illinois Department of Public Health and Public Instruction and the board of education of Chicago) the manner in which the survey shall be conducted, shall select the necessary personnel to conduct the survey, and report the findings resulting therefrom to the General Assembly and to the Governor. Said Director of the Department of Public Welfare shall have power to fix the compensation of those employed on the survey and to incur such other expenses as are proper incidental to the making of the survey.

"The survey shall include in its study the numbers, location, and types of all specially handicapped children of school age from the medical, psychological, and social standpoints, and the findings shall cover all facts connected therewith, relating to the work of the Illinois Departments of Public Welfare, Public Health, and Public Instruction, and board of education of Chicago, the health of such specially handicapped children, and any other facts of value to the improvement of the general welfare of such children." (Sections 1, 2, and 3, Senate Bill No. 448, approved June 25, 1923.)

*Massachusetts:* "The school committee of every town shall annually ascertain, under regulations prescribed by the department and the commissioner of mental diseases, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein." (From Chapter 231, approved March 31, 1922, as a revision of Chapter 277, approved July 1, 1919.)

*Missouri:* "It shall be the duty of the board of education or board of directors in each school district to ascertain annually the number of children in a district who belong to any of the above types [blind, deaf, crippled, and feebleminded]." (From Section 11147, approved April 2, 1921, and 10795 A, approved May 30, 1919.)

*New Jersey:* "Each board of education in this state shall ascertain what children, if any, there are in the public schools who are three years or more below the normal." (From Section 1, Chapter 33, approved February 11, 1918.)

"When in any county a survey has been made setting forth facts and conditions regarding juvenile delinquency and deficiency among children of school age, the results of which shall, in the opinion of the Commissioner of Education, warrant the establishment of a department of child study, there may be appointed by the Commissioner of Education, with the approval of the State Board of Education, a supervisor of such department who shall work under the authority of the county superintendent. The term of office of such supervisor shall be for one year, and he or she shall receive an annual salary of not more than twenty-five hundred dollars." (Section 1, Chapter 249, approved April 8, 1921.)

*New York:* "The board of education of each city and of each union free school district, and the board of trustees of each school district shall, within one year from the time this act becomes effective, ascertain, under regulations prescribed by the commissioner of education and approved by the regents of the university, the number of children in attendance upon the public schools under its supervision who are three years or more retarded in mental development." (From Chapter 553, approved May 18, 1917.)

*Oregon:* "The director of the department of research and guidance shall make an enumeration of all educationally exceptional children, and shall report to the city superintendent of schools his findings and determinations as to what, if any, special instruction each of said children may require to insure the fullest educational development within the capacity of such child; he shall determine what, if any, special courses, classes, or instructions are required for the education of the children so enumerated, and shall make his recommendation to the city superintendent of schools for the establishment of special classes and special schools which he deems necessary." (Section 5, Chapter 28, approved February 8, 1923.)

*Pennsylvania:* "It shall be the duty of the secretary of the school board, teachers, and attendance officers, in every school district in this

Commonwealth, in accordance with rules of procedure prescribed by the Superintendent of Public Instruction, to secure information and report to the medical inspector of the school district and to the district or county superintendent of schools, on or before the fifteenth day of October of each year, every child within said district, between the ages of eight (8) and sixteen (16) years, who is gravely retarded in his or her school work, or who, because of apparent exceptional physical or mental condition, is not being properly educated and trained, and as soon thereafter as possible, the medical inspector shall examine such child, in accordance with rules of procedure prescribed by the Commissioner of Health, and report whether such child is a fit subject for special education and training." (From Section 1413, as amended July 22, 1919.)

*Utah:* "The board of education of each such city or the board of education of any two or more such cities, may appoint and fix the compensation of a clinical psychologist and such assistants as may be deemed necessary, whose duty it shall be to aid the school board or boards in carrying out the provisions of this chapter." (Section 4730, Laws of 1921, Chapter 105, approved March 21, 1921.)

*Wisconsin:* The supervisors of special classes "shall give special attention to examining, testing, and classifying the pupils applying for admission to such special classes and perform such other duties as the state superintendent may direct. Such supervisors shall be exempt from the provisions of sections 16.01 to 16.29, inclusive, of the statutes." (From Subsection (3) of Section 41.035, approved July 6, 1917, and amended July 23, 1919, and May 27, 1921.)

*Wyoming:* "The State Board of Education shall investigate and ascertain what children residing in the state may be suitable for the care, education, and training provided for by this Act, and for such purposes may secure such expert assistance and advice as it shall deem needful and any officials or employees of the state or of any county, city, or public institution in the state, may be called upon by the State Board of Education to render appropriate services without other or further compensation than their actual and necessary expenses incurred in such service, or the State Board of Education may, if it deem it advisable, employ an educational or medical expert to make such tests and diagnoses as will be necessary to determine what children need such treatment." (Section 3, Chapter 41, approved February 9, 1919.)

Statutes relating to special classes have generally emphasized enumeration rather than the *clinical examination* which is a prerequisite for intelligent enumeration as well as for properly adjusted training. Statutory provision for the mental examination of problem children has been made in very few states. The burden of enumeration is placed upon boards of directors and superintendents. Members of school

boards and superintendents need the help of psychologists, psychiatrists, and other physicians in order to ascertain the educational needs of problem children. Proper examination of the personality is a matter for clinical specialists.

In some states, where substantial state aid for special classes has been available for more than five years, together with specific requirements for the organization of special classes, little or no progress has been made in the organization of such classes. In such cases this seems to be attributable in large measure to lack of provision for the clinical study of problem children.

In Massachusetts, where no specific state aid is given for special classes, the outstanding progress in the organization of such classes may be attributed largely to the five lines of the statute of 1919 which provided for the coöperation of the state department of education and the state commission on mental diseases in the yearly clinical examination of all children in the public schools three or more years retarded in mental development.

The outstanding feature of the Oregon law of 1923 is the provision for departments of research and guidance in the larger school districts of the state. This statute places the duty of enumerating all educationally exceptional children upon this department. It recognizes that such exceptional children can be effectively designated only after proper clinical study. In such departments we find lodged also the responsibility for the organization of special instructional facilities.

STATE DIRECTION OF SPECIAL CLASSES

*Connecticut:* "The state board of education shall appoint a director of special education and standards and shall make regulations to carry out the purpose of this act." (Section 1, Chapter 355, approved June 24, 1921.)

*Illinois:* "The Superintendent of Public Instruction shall appoint a director of classes for specially handicapped children who shall assist school authorities in the classification of these special types and their organization into classes suitable to their handicaps in those localities in Illinois where such special facilities are not now available." (Section 6, Senate Bill 448, approved June 25, 1923.)

*Wisconsin:* "The state superintendent of public instruction shall appoint in his department * * * two persons of suitable training and experience who shall have general supervision of such classes and who shall give special attention to examining, testing, and classifying the pupils applying for admission to such special classes and perform such other duties as the state superintendent may direct. Such supervisor shall be exempt from the provisions of sections 16.01 to 16.29, inclusive, of the statutes." (Subsection (3) of Section 41.035 as amended May 27, 1921.)

*Wyoming:* See Section 3 of Chapter 41 of Laws of 1919, quoted relative to examination of children (page 539).

Whenever a state department has been charged with the supervision of the training offered in special classes in the public schools, with the supervision of the teachers employed, and with the administration of state aid for such special classes, it has become responsible for a large new field of special activities for the effective management of which a specialist in this field of training is required. Such statutory provisions are best carried out when a director of special classes in the office of the state superintendent of public instruction is put in charge of the work.

Such organization has been effected without statutory provision in New York, Minnesota, Pennsylvania, Washington, and the District of Columbia. In some states this work falls into the province of an assistant superintendent of education, a director of elementary education, or an inspector of schools. Under whatever auspices or name such a division or department is organized, it may be safely inferred, from examination of the results, that it has served as a distinct stimulus to the organization of special classes for mentally handicapped children.

GENERAL DELEGATIONS OF POWERS RELATIVE TO SPECIAL CLASSES TO STATE DEPARTMENTS OF EDUCATION

*Minnesota:* "The courses and methods of instruction must comply with such requirements as may be outlined by the state board of education."

Special classes and schools for mental subnormal children "shall be under the control of the commissioner of education". (From Sections 1 and 4, Chapter 194, Laws 1915, amended in 1919 and 1921.)

*Missouri:* "The state superintendent of public schools is hereby authorized to inspect and approve all special classes established under the provisions of sections 11147 and 11148."

"Such [state] aid shall not be granted for any teacher who has not been especially trained for work in such classes."

"The state superintendent shall require such reports as he may desire from each of these special classes." (From Section 11149, approved April 2, 1921, amending a statute of 1919.)

*Pennsylvania:* The State Superintendent of Public Instruction shall superintend the organization of such classes and shall enforce the provisions of this act. (Section 1413, as amended July 22, 1919.)

Massachusetts law provides for the "establishment of special classes under regulations prescribed by the department".

In New York the state commissioner of education must pass upon the qualifications of teachers of special classes, and upon him falls the duty of apportioning to school districts the state aid afforded them for special classes under the Antin-Cole Law of 1923.

In Wisconsin the authority to permit boards of education to establish special classes reposes in the state superintendent.

In Connecticut the state board of education is required to make regulations to carry out the purposes of the special-class act.

Wyoming puts upon the state board of education the entire responsibility for the education and training and, when necessary, the support and maintenance of defective children.

EXAMINATION OR APPROVAL OF SPECIAL-CLASS TEACHERS AND COURSES OF STUDY IN SPECIAL CLASSES AND SCHOOLS BY STATE SUPERINTENDENT OF EDUCATION

*Louisiana:* "The courses of study to be pursued in such special classes or schools shall be approved by the State Board of Education." (Section 5, Act No. 74, approved July 6, 1920.)

*Minnesota:* The "appointment and the qualification [of special-class teachers] shall be approved by the commissioner of education". (From Section 4, Chapter 194, Laws 1915, amended in 1919 and 1921.)

*Missouri:* "The amount of special training [of teachers of special classes] shall be in accordance with the rules and regulations established by the state superintendent of public schools." (From Section 11149, approved April 2, 1921, amending a statute of 1919.)

*Wisconsin:* "The courses, qualifications of teachers, and plan of organizing and maintaining such special classes shall comply with such requirements as may be outlined by the state superintendent of

public instruction." (Subsection (2) of Section 41.035, approved July 6, 1917.)

The general powers delegated to state boards of education, outlined in the previous sections, give over the approval of the teachers employed for teaching in special classes to such state boards in Connecticut, Massachusetts, New York, Pennsylvania, and Wyoming.

SPECIAL STATE SCHOOL FUNDS FOR SPECIAL CLASSES

*Louisiana:* "The State Board of Education shall have authority to aid in the support of classes or schools as provided for in Section 1 of this Act, out of any available funds at its disposal." (Section 6, Act No. 74, approved July 6, 1920.)

*Minnesota:* "There shall be paid out of the current school funds in the state treasury annually in the month of July to the treasurer of the school district maintaining a school or schools for mental subnormal children the sum of one hundred dollars ($100) for each mental subnormal child instructed in such school or schools having an annual session of at least nine months during the year next preceding the first day of July." (From Section 4, Chapter 194, Laws 1915, as amended in 1919 and 1921.)

*Missouri:* "Each school district maintaining special classes as provided for in the aforesaid sections, shall, when these classes have been approved by the state superintendent of public schools, receive state aid to the amount of seven hundred fifty dollars ($750) per annum for each teacher employed wholly in the instruction of the pupils of the aforesaid classes * * * provided the amount of state aid granted on account of any teacher shall in no case exceed two-thirds of the salary paid such teacher by the local board." (From Section 11149, approved April 2, 1921, amending a statute of 1919.)

"School districts may establish special classes for twenty or more children who, while not feebleminded, are on the border line of mental deficiency, or as so backward in intelligence as to be incapable of receiving proper benefit from the instruction in the regular grades, and shall receive state aid to the amount of three hundred dollars ($300) per annum for each teacher wholly employed in the instruction of such pupils, provided the teachers have been especially trained for the work and the classes approved in accordance with Section 11149." (Section 11150 b, approved April 2, 1921, amending a statute of 1919.)

*New York:* "If the board of education of a city or union free school district establishes one or more special classes for the instruction of children who are three years or more retarded in mental development, as provided in this article, and shall employ one or more teachers for the instruction thereof, the commissioner of education shall apportion to such city or district, in the same manner as teachers' quotas

are apportioned thereto, an amount equal to one-half the salary paid to each of such teachers, but not to exceed one thousand dollars for each teacher so employed. No such apportionment shall be made on account of a teacher so employed unless there shall have been issued to such teacher by the commissioner of education a certificate authorizing such teacher to teach such special classes or unless such teacher shall possess the qualifications prescribed by the commissioner of education." (§ 579–a, Chapter 395, approved May 21, 1923.)

*Pennsylvania:* "On or before the first day of October of each year, the president and secretary of each board of school directors shall report to the proper county or district superintendent the amount expended by the district in the preceding school year for instruction in such classes or such schools or for such instruction outside the public schools of the district. On or before the first day of November of each year, the said county or district superintendent shall make to the Superintendent of Public Instruction, on blanks to be furnished by him, tabulated returns by districts of the amounts so expended for instruction in special classes or special schools within the school district or in the provision of special instruction outside the public schools of the district. There shall be paid to each district by order on the State Treasurer, signed by the Superintendent of Public Instruction, from funds to be appropriated by the Legislature for the purpose, an amount equal to one-half the total expense incurred by said district for instruction in such special classes and special public schools and in the provision of such special instruction outside the public schools of the district." (Section 1413, amendment of July 22, 1919, P. L. 1090.)

*Wisconsin:* "Upon the receipt of such report [from a board of education maintaining a special class] if it shall appear that the special class or classes have been taught by qualified teachers and in every respect maintained in accordance with the requirements governing such special classes, the state superintendent shall certify to the secretary of state, as due each board of education maintaining such special classes, a sum equal to one-third the amount expended for salaries of teachers of such special classes, provided such sum shall not exceed three hundred dollars per year for each of said teachers; provided further, that in case the average attendance of any such special class shall be less than the minimum attendance required by the regulations governing such classes, the state superintendent may in his discretion apportion a sum which shall bear the same relation to the apportionment hereinbefore provided as the average daily attendance bears to the required minimum attendance. Upon receiving such certificate, the secretary of state shall draw his warrant, payable to the treasurer of the school board maintaining such classes, for the amount specified in such certificate." (Subsection (5) of Section 41.035, approved July 6, 1917.)

Specific provisions for state aid of special classes by states may be summarized as follows:

Minnesota: $100 per mentally subnormal child attending special classes for at least nine months.

Missouri: $750 per teacher of special classes, not to exceed two-thirds of the salary of such teacher. Also $300 per teacher of classes of 20 or more border-line and backward children.

New York: One-half the salary of each special-class teacher, not to exceed $1,000 per teacher.

Pennsylvania: One-half the total expense of every special class.

Wisconsin: One-third the salary of the special-class teacher, not to exceed $300 for any one teacher.

### CONCLUSIONS

I. Michigan and Rhode Island are conspicuous, among the states that have the best developed facilities for the special training of mentally handicapped children, by the entire absence from their statute books of laws bearing upon this subject. We may assume, therefore, that with the constitutions under which some states operate, there is no necessity for action of the legislature to permit the establishment of special classes.

In fact, local school boards generally possess the power and the duty of arranging for the best possible training of all children of school age in their districts. In most states where mandatory provisions have been made by statute for the organization of special classes in the public schools, such classes have already existed in some cities of these states some years prior to the enactment of such laws.

The statutory requirement that special classes shall be established in every school district in the state in which there is a certain minimal number of mentally handicapped children of school age frequently is associated with a provision for state aid for such classes. Such statute commonly further sets out requirements concerning the necessary professional training of teachers and the maximum number of pupils to be assigned to each special class. In Massachusetts the mandate to establish special classes is preceded by provision for the clinical examination of problem children "under regulations prescribed by the department and the commissioner of mental diseases". There is no other provision for state aid of such special classes in Massachusetts.

II. Statutory definition of the sort of child for whom

special classes are designed varies from the "feebleminded who are yet capable of instruction" of Missouri to those who are three or more years retarded or below normal of Massachusetts, New Jersey, and New York. In the statutes of Connecticut and Oregon these children are designated as "educationally exceptional". Under this designation Connecticut includes all children over four and under sixteen years of age who are incapable, because of mental or physical handicap, of receiving proper benefit from ordinary instruction. Oregon includes all children from six to seventeen years old who are not receiving proper benefit from ordinary instruction, either because of exceptionally keen mental qualities or because of mental or physical handicap. Utah and Illinois include those in danger of becoming delinquent. Illinois also specifically includes psychopathic and psychoneurotic children.

It is clear that all these children present problems of adjustment. The special class is made small (from 15 to 18) so that the training may be largely individual and specifically adapted to the needs of each child. Very rarely indeed are superior and handicapped children placed in the same adjustment room. When they are so placed together, it can only be for study and for absolutely individual instruction and report of progress. "Nervous" children, as a class, do not require the same sort of special-class facilities as do children who are retarded on account of mental defect. Children whose handicaps consist of slow development and curtailed capacity for the utilization of ordinary school instruction require abundant opportunity for habit training and for the learning of manual arts.

Statutes should provide for the clinical study and adjustment in training of all children who are seemingly incapable of receiving proper training by the ordinary instructional methods of the school. This would include all who need special training—the feebleminded, the subnormal, the border line, the psychopathic, the psychoneurotic, and those who exhibit behavior problems. All these are problems for the school. For their solution the school needs the help of mental medicine or medical psychology. In other words, the

school needs the aid of a clinical staff in effecting adjustments for all such problem children.

III. State statutes bearing upon special classes exhibit a great variety of procedure in respect to provision for the examination of problem children. A statute like that of Missouri leaves the duty of enumeration strictly with the local school board. There is no hint even of regulation or help to be afforded by the state board of education. Missouri stands twenty-third in our list of states ranked in order of incidence of facility for special-class training. (See table, pages 552–55.)

Wisconsin law places the duty of examining, testing, and classifying problem children upon the state supervisor of special classes, under the state superintendent of public instruction. Statutory limitation of the salary of this director is placed at $2,000. Wisconsin ranks twenty-first in the list.

Pennsylvania provides for the examination of problem children by the medical examiner of the school district. Pennsylvania ranks sixteenth in the list.

Connecticut puts the duty of making regulations requiring the enumeration of educationally exceptional children upon the state board of education. Connecticut ranks eighth in the list.

In New York the local board of education is required to enumerate under regulations of the state commissioner of education. New York ranks sixth in the list.

Wyoming provides that the state board may employ an educational or a medical expert to make tests and diagnoses. A specialist in this field of education has been employed several years. Wyoming ranks first in the list.

In Massachusetts the school committee is required to ascertain the number of children three years or more retarded under regulations prescribed by the department [of education] and the commissioner of mental diseases. Massachusetts ranks second in the list, having over 4,000 children in 53 different school districts in special classes.

New Jersey, Oregon, and Utah, ranking, respectively, fifth, eighteenth, and thirty-fifth in the above mentioned list, emphasize organization by counties or cities of facilities for

the examination of problem children. Departments of research and guidance or of child study are provided for in the statutes of these states.

IV. and V. Of the four states that explicitly provide state direction (Connecticut, Illinois, Wisconsin, and Wyoming) Wyoming, with her sparse population and energetic organization, takes first rank in the development of special-class facilities. Connecticut has the oldest statute of the four and occupies the eighth place in the above mentioned rank list.

Similar state organization under supervision of a director in the state department has been effected in Minnesota, New York, Pennsylvania, and Washington, and the District of Columbia has a director of special classes. All of these states rank in the upper half of the list. In Minnesota, ranking seventh in the list, the progress in special-class organization is closely connected with the completeness of the control given by statute to the state board of education in the matter of courses of study, methods of instruction, and organization of the classes themselves. Strong statutory regulations bind in the special classes of the state with their state departments of education in five of the first eight in the above mentioned rank list.

In Michigan and the District of Columbia no statutory regulations were found in 1923. New Jersey law emphasizes the importance of local facilities for the examination of children and for the organization of special classes. This feature of the New Jersey plan is probably responsible for the excellent showing of the state. New Jersey ranks fifth, having over 3,000 children in special classes in 53 different school districts.

VI. The laws of nine different states provide that state departments of education shall regulate the courses of study in special classes and shall approve of the teachers employed for these classes. In some cases this provision is explicitly stated, in others it is only implied. These states rank in our list as follows: Wyoming, first; Massachusetts, second; New York, sixth; Minnesota, seventh; Connecticut, eighth; Pennsylvania, sixteenth; Wisconsin, twenty-first; Missouri, twenty-third; and Louisiana, thirty-sixth.

This list includes five of the first eight in the rank list.

The District of Columbia, Michigan, and New Jersey, ranking third, fourth, and fifth, make no provision for this other than local supervision in these matters.

In Pennsylvania, Wisconsin, Missouri, and Louisiana this feature of the law has had little effect, for they rank much lower than Michigan and New Jersey, which had no statutory regulations in this field.

VII. In regard to special aid from the state for the support of special classes for mentally handicapped children, it is to be noted that in no one of the four states that rank highest in the incidence of special-class opportunities (Wyoming, Massachusetts, Michigan, and New Jersey) or in the District of Columbia, was any provision for special state aid to be found.

New York comes sixth in the list according to our figures for 1922–23, having 58 pupils in special classes for every 10,000 school children from seven to fifteen years old. In that year there was no special state aid for special classes. The Antin-Cole bill was approved May 21, 1923.

Minnesota is the only state ranking high in the list that has offered state aid to special classes for some years. It will be noted also that the state aid in Minnesota is the most liberal offered by any state.

All other states that offer state aid for special classes make poor showings in the incidence of special-class facilities. In Missouri, Pennsylvania, and Wisconsin, these offers of aid are specific, of considerable amounts, and have been standing for some years.

If state aid were the only requisite, or indeed the chief requisite, for securing the organization of special classes, these states would stand higher in our rank list. It is clear that offers of state aid are not the only determinants of special-class organization. The question is raised seriously by these facts as to how vital a determinant state aid is in securing the organization of special classes for mentally handicapped children.

Bearing in mind the recent date of many of these statutory regulations relating to special classes, and also the anticipation of such state regulations in the practice of many cities, it appears that general statutes which place the whole subject

of the special training of mentally handicapped children under the special care of the state department of education definitely stimulate the organization of such special training facilities. A study of the table which brings together statutory regulations and the incidence of such facilities, by states, seems to bear out this view. Especially does this hold of rural districts and the smaller cities. On this latter point evidence is to be gathered by a study of the column in the table giving the numbers of school districts in each state that have such special classes or schools.

It seems probable, from a study of these results, that the most urgent need in the smaller school districts, as regards special training facilities for mentally handicapped children, is not primarily for funds furnished from outside the district. These districts need most (1) facilities for expert supervision of their special-class activities by specially trained teachers who understand the needs of mentally handicapped children, and (2) facilities for the careful study of the needs of all problem children, individually, by psychologists, psychiatric social workers, psychiatrists, and other physicians who can analyze their difficulties from the point of view of mental health and general health and can help as consultants to point the way to the most effective training.

Wherever and whenever proper steps have been taken to secure adequate clinical service for the schools, so that the nature of the problem presented by each problem child has been understood, the first step, and the step of primary importance, has been taken toward the organization of special classes for mentally handicapped children. Until proper provision has been made for the diagnosis of personality difficulties and other mental handicaps among the problem children of a school, there can be little prospect of successfully organizing educational facilities to meet the developmental needs of these children. We must understand why a child fails to develop naturally and normally before we can bring aid to the processes of nature, which is what the special class aims to do. The teacher of such a class cannot set about her special training work until each problem in her class has been clearly defined. This definition of problems

is not educational work; it is medico-psychological and belongs to a clinic.

The next step, in order of importance and chronologically, consists in provision for the proper supervision of special classes by trained specialists in this particular field of education, by cities and by states. It is important that only teachers who are properly trained for the work shall be selected for teaching such classes, and that the training course for the children shall be organized properly to meet and to overcome the special handicaps of each child who is placed in such a special class.

When these two classes of aid shall have been furnished to the smaller school districts in a state, there will be less need than at present for state support of the special class. The district will be able to find the means to operate a special class when they have been clearly shown that many of the problems of the schools can be successfully met only by classes for the special training of mentally handicapped children.

STATES AND DISTRICT OF COLUMBIA IN ORDER OF PREVALENCE OF SPECIAL-PROVISIONS RELATING

| *State* | *State law requires or permits local boards of education to maintain special classes* | *Statutes designate and define children for special training* | *State law makes general provision for examination as well as for enumeration of children for special classes* | *Statutes provide directly or indirectly for a state director of special classes* |
|---|---|---|---|---|
| Wyoming | X | | X | X |
| Massachusetts | X | X | X | |
| District of Columbia | | | | |
| Michigan | | | | |
| New Jersey | X | X | X | |
| New York | X | X | X | |
| Minnesota | X | | | |
| Connecticut | X | X | X | X |
| Rhode Island | | | | |
| California | X | | | |
| Ohio | | | | |
| Colorado | | | | |
| Illinois | X | X | X | X |
| Maryland | | | | |
| New Hampshire | | | | |
| Pennsylvania | X | X | X | |
| Washington | | | | |
| Oregon | X | X | X | |
| Nebraska | | | | |
| Indiana | | | | |
| Wisconsin | X | | X | X |
| Arizona | | | | |
| Missouri | X | X | | |
| Virginia | | | | |
| Iowa | | | | |
| Delaware | | | | |
| Kentucky | | | | |

CLASS TRAINING FACILITIES IN PUBLIC SCHOOLS (1923), WITH STATUTORY TO SPECIAL CLASSES *

| *Statutes give general care of organization and inspection of special classes to state department of education* | *Law provides state superintendent of education shall approve the qualifications of teachers of special classes* | *Law provides specific state support for properly organized special classes* | *Number of cities and other school districts reporting special classes* | *Reported enrollment in special classes* | *Per cent of all seven- to fifteen-year-old children enrolled in special classes* |
|---|---|---|---|---|---|
| X | | | 9 | 269 | 0.78 |
| X | | | 53 | 4,350 | 0.74 |
| | | | 1 | 345 | 0.65 |
| | | | 13 | 3,964 | 0.66 |
| | | | 53 | 3,101 | 0.59 |
| X | X | X | 64 | 9,212 | 0.58 |
| X | X | X | 42 | 2,241 | 0.55 |
| X | | | 22 | 1,104 | 0.50 |
| | | | 3 | 462 | 0.50 |
| | | | 8 | 2,370 | 0.48 |
| | | | 19 | 3,428 | 0.37 |
| | | | 2 | 526 | 0.32 |
| | | | 14 | 3,041 | 0.29 |
| | | | 1 | 650 | 0.28 |
| | | | 5 | 185 | 0.28 |
| X | X | X | 31 | 4,111 | 0.27 |
| | | | 5 | 591 | 0.27 |
| | | | 4 | 320 | 0.25 |
| | | | 4 | 446 | 0.19 |
| | | | 12 | 883 | 0.18 |
| X | X | X | 25 | 801 | 0.18 |
| | | | 1 | 82 | 0.14 |
| X | X | X | 2 | 814 | 0.14 |
| | | | 3 | 574 | 0.13 |
| | | | 8 | 462 | 0.11 |
| | | | 1 | 25 | 0.07 |
| | | | 3 | 331 | 0.07 |

* The existence of statutory provision is indicated by an X.

STATES AND DISTRICT OF COLUMBIA IN ORDER OF PREVALENCE OF SPECIAL-PROVISIONS RELATING TO

| *State* | *State law requires or permits local boards of education to maintain special classes* | *Statutes designate and define children for special training* | *State law makes general provision for examination as well as for enumeration of children for special classes* | *Statutes provide directly or indirectly for a state director of special classes* |
|---|---|---|---|---|
| Vermont | | | | |
| Kansas | | | | |
| West Virginia | | | | |
| Georgia | | | | |
| South Carolina | | | | |
| Florida | | | | |
| North Carolina | | | | |
| Utah | X | X | X | |
| Louisiana | X | | | |
| Montana | | | | |
| Texas | | | | |

CLASS TRAINING FACILITIES IN PUBLIC SCHOOLS (1923), WITH STATUTORY SPECIAL CLASSES *—*Concluded*

| *Statutes give general care of organization and inspection of special classes to state department of education* | *Law provides state superintendent of education shall approve the qualifications of teachers of special classes* | *Law provides specific state support for properly organized special classes* | *Number of cities and other school districts reporting special classes* | *Reported enrollment in special classes* | *Per cent of all seven- to fifteen-year-old children enrolled in special classes* |
|---|---|---|---|---|---|
| | | | 2 | 43 | 0.07 |
| | | | 4 | 190 | 0.06 |
| | | | 2 | 139 | 0.04 |
| | | | 1 | 165 | 0.03 |
| | | | 3 | 122 | 0.03 |
| | | | 1 | 36 | 0.02 |
| | | | 4 | 128 | 0.02 |
| | | | 1 | 20 | 0.02 |
| | | | 1 | 50 | 0.01 |
| | | | 1 | 16 | 0.01 |
| | | | 2 | 122 | 0.01 |

* The existence of statutory provision is indicated by an X.

# THE FUNCTION OF THE SPECIAL CLASS IN THE PUBLIC SCHOOL

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THERE are, in various public-school systems, special classes for a great variety of children who are exceptional in many different directions. There are special classes for children with impaired vision, with impaired hearing, for blind, deaf, crippled, cardiac, pre-tuberculous, undernourished bright, dull, and mentally subnormal children. For all except the last, it is not difficult to find an appropriate designation. But because of the stigma commonly attached to mental defect, a satisfactory designation for classes that care for mentally subnormal children has not been forthcoming. *Ungraded classes, opportunity classes, adjustment classes* have been variously applied and with varying meanings, so that there is no general uniformity. It, therefore, seems timely to select one type, perhaps the most widespread type, of special class and to discuss its educational possibilities.

The term *special class* will be used in this article to denote the type of class intended for children who are seriously retarded mentally. They are described in the education law of New York State and several other states as special classes for children "retarded three years or more in mental development". This has sometimes been mistakenly interpreted to mean children who are three years retarded in school progress—that is, who are three years behind the grade they should be in for their age or for the length of time they have been in school. Correctly interpreted, it of course means *mentally* retarded. The only way to determine this is by means of a careful individual examination, employing a standardized psychological test.

It is, of course, evident that a child who is seven years old and three years retarded mentally is a much more retarded child—a much more defective child—than a child of fourteen

who is three years retarded mentally. The intelligence quotient of the first would be 57 and of the second 80. This is one fact that has occasioned some confusion in the administration of such classes. Obviously, a very different educational program is necessary for the first child than for the second, not only in consideration of their chronological ages, but of their potential capacities for learning and for adjusting themselves successfully after leaving school. It is evident also that a child who is dull, but not defective may have serious damage done to his personality if he is segregated from normal children in a class with low-grade mental defectives known to the whole community to be "weak minded".

It is, therefore, necessary, for the successful administration of classes of this type, to delimit them before we can formulate any intelligent educational program for them. Where the limits should be set may depend to some extent on any given community. Problems vary according to economic and social conditions. The important thing is that the limits should be set, so that the educational problem may be clear-cut.

Doctors and social workers and psychologists, interested in the social welfare of children, but not in close contact with the details of educational administration, are prone to suggest special classes for many kinds of problem children who need special consideration in school. It is very easy to say that a child should be in a special class when one is thinking of an individual child who needs help. But whether the class that is available can give the kind of help that is needed is an equally important consideration. A class cannot function successfully unless it is a teachable and social unit. It is true that when the group is small, as it is in special classes, the actual teaching may be more or less individual; but for children who need this kind of training, it is also true that the social value arising out of group activities is of at least equal importance with the acquisition of academic fundamentals. This is impossible when children vary too widely in age, abilities, and interest. One reason why these children fail in ordinary classes is because of their feeling of isolation from the rest of the group. If they are placed in a special class that is too heterogeneous, they will not only feel the same isolation within the group, but the added isolation of being

segregated from the rest of the school. As a result of such a procedure, the difficulties of successful adjustment may become even greater than they were before.

It, therefore, seems necessary, if special classes for children seriously retarded in mental development are to be maintained, that the various problems involved be recognized more explicitly and the function of such classes better defined. This will not only make possible better administration of these classes, but will throw into relief the educational needs of other types of problem children.

In the New York State Department of Education, we are suggesting that special classes should be organized with the following ideas in mind: Usually, children with a mental age under 5 should not be recommended for a special class. If they are young children, they are too immature to adapt themselves to a group in doing any work that is of elementary-school grade. It is perfectly legitimate for a school to refuse to admit young children until their mental maturity is sufficient to do some school work. Sometimes children of six or seven years whose mental ages range around 4 can be taken care of in kindergarten for a year or two longer. Older children with mental ages under 5 are too defective to profit by public-school work and are of too low a grade of intelligence to be justifiably placed with children able to make a limited adjustment to school.

On the other hand, children with mental ages over 10 are ordinarily capable of doing more school work than most special classes give; they are in need of more definite training along vocational lines than can be given in the special class; and they can be more economically cared for in larger groups than the typical special class. It is true that they may be three years retarded mentally on the basis of their chronological age; but for children over thirteen years of age, chronological age is an uncertain criterion. Just when mental maturity is reached is not known, but the consensus of opinion is that it is not far from fourteen years. If the army statistics represent the facts for adults, a quarter of the population would have a mental age of less than 11½ years. It would be folly to suppose that a quarter of the children in school either

could or should be educated in special classes of fifteen children.[1]

Furthermore, it is not usually advisable to place children in a special class for the first time after they are fifteen years old. Children of this type almost always leave school at sixteen, and nothing much can be done for them by a short sojourn in a special class, composed largely of younger children.

There is another type of child who presents a serious school problem. Some children not far from normal in mental ability, and others perhaps dull, are unable to do school work successfully because of an emotional instability or other psychopathic traits. It is not denied that these children need special help, but their presence in a special class for subnormal children only complicates the problem. They need different educational treatment from that given to subnormal children.

The special class as we are trying to delimit it, then, is a group of fifteen children, none of whom will have mental ages below 5 or above 10. Their physical ages will range from about eight to fifteen. Their capacity for learning will be represented by I.Q.'s from 50 to 75, with a few ranging between 75 and 80. Their school achievement will vary from pre-primary work to average fourth-grade work, with a few children doing a few things of fifth-grade quality. Their manual activities will vary more widely. Most of them will be able to do some paper cutting and pasting and most will be able to use a coping saw. Some of them will be able to do almost as well in a wood-working shop as other children of their age. Tests of mental ability that permit the subject to deal with actual material—to think in terms of concrete situations rather than with verbal symbols—show that children who are badly retarded in their ability to do formal school work are often much less below average, and sometimes not at all below, in performing other types of work.

With limits of this sort, the special class can do certain specific things. As regards academic work, it can make the essentials of the first four grades more practicable and usable for children who will not be able before they leave school to

[1] Fifteen is the legal limit for such classes in New York and many other states.

comprehend work of greater difficulty than this. From the point of view of prognosis, this means that we are concerned in general with children whose I.Q.'s are less than 75; because, if a child's I.Q. remains approximately the same as he grows older, children with I.Q.'s over 75 will, before they are sixteen, have ability to do more than fourth-grade work. Of course it does not mean that all children, when they leave the special class, will have completed fourth-grade work; it means that fourth-grade work is about as high as any of them will go.

As regards manual work, the special class can give training directed toward a general improvement of motor coördination to children who need it. It can teach some specific things commonly needed or frequently useful later, such as various household tasks for girls or simple repairing for boys. It can give a wide variety of manual work that may be helpful for more specialized work later; but it does not, except where there is a large organization with segregated classes of older children, ordinarily give pre-vocational work.

One of the main possibilities of the special class is the training it can give in the way of establishing proper attitudes toward work and proper habits of industry, and in building up the morale of children who have failed by giving them tangible evidences of success. Another important achievement of the special class is the improvement of personal habits—the establishment of habits of cleanliness, orderliness, courtesy, appreciation of the rights of others, and the like. At the same time, the school has the child for only a few hours each day, and it cannot expect to change the home environment or to care for those who need institutional supervision.

This kind of special class has a specific purpose and can attain it only when that purpose is kept in mind in assigning children to it. It is not a dumping ground for all the problem children in school. It is not a sort of pedagogical hell to be held as a threat over the heads of delinquent children. It is not a miniature institution for the feebleminded. On the contrary, it is a means of aiding in the adjustment of children who can profit to a very limited extent by ordinary school work, but who nevertheless are usually able to maintain themselves independently in the community when they leave school.

# VOCATIONAL ASPECTS OF PSYCHIATRIC SOCIAL WORK*

## FOREWORD

In selecting a vocation, one may reasonably interest himself in three aspects of any field that he may have under consideration:

1. The congeniality of its subject matter.
2. The challenge that it makes to his powers.
3. Its compensations.

In a series of monographs, the American Association of Social Workers has undertaken to present to those who are seeking vocational advice the claims of professional social case-work. Social work is one of the newer vocations. It cannot at present be rigidly defined. Its distinctive vocational resources are less substantial than those of some older professions and its status as a profession in the making has not always been generally recognized. It has, however, a history that entitles it to recognition, it has a specific contribution which is valued for its own sake, and it is developing toward a position of stability and a professional status earned by the achievement and the scientific equipment of its practitioners. It carries the lure of pioneering, offers the scientific attraction of uncrystallized traditions and precedents, and promises, upon a foundation of actual achievement, rapid development along the lines of the foregoing three criteria.

### *The Subject Matter of Social Case-work*

Social case-work deals with human beings who have found difficulty in the conditions of social life in making their way

* This is the first of a series of monographs prepared at the suggestion of the American Association of Social Workers with the object of presenting the vocational aspects of various types of social work. The monographs were compiled by committees appointed from the workers in the several fields and were edited by Mr. Porter R. Lee, of the New York School of Social Work, whose foreword to the series is published here. The committee responsible for the present monograph consists of the following members of the Section on Psychiatric Social Work of the American Association of Hospital Social Workers: June F. Lyday, chairman; Marie L. Donohue; Mary C. Jarrett; Katherine F. Moore; Kathleen Ormsby; Christine C. Robb; and Maida H. Solomon.

to acceptable organization of existence. The standards of our civilization do not demand that a man be completely self-sufficient. They demand only that he be able to secure for himself or his family the combination of opportunities, services, and expert advice with whose assistance he can work out what will be for him an acceptable organization of existence. When he succeeds in doing so, he is a self-maintaining individual. Self-maintenance is the product of a reasonably adequate human equipment adjusting itself to a reasonably favorable environment. There is no formula by which one can determine either a reasonably adequate human equipment or a reasonably favorable environment. Self-maintenance does not depend upon any such formula. Those who fail in self-maintenance present all degrees of human equipment and they are living in all varieties of social environment. Failure means nothing except that for a particular combination of circumstances representing an environment a particular human equipment is inadequate, or that for a particular human equipment a particular combination of environmental circumstances is unfavorable.

The chief objective of social case-work is to assist individuals who need such service to achieve what may be for them as complete a measure of self-maintenance as possible. This objective might be itemized as an attempt to develop within the individual his fullest capacity for self-maintenance and at the same time to assist him in establishing for himself an environment which will be as favorable as may be to his powers and limitations.

Failure in self-maintenance presents itself in many forms. One may be unequal to the task of earning a living, one may be unequal to his responsibilities as a parent, student, employer, employee, or teacher. One may be incapacitated through sickness, helpless through lack of adult supervision, unable to withstand temptation, injuriously affected by the ordinary experiences of life. Failure does not necessarily imply fault. A large part of social case-work is concerned with children who are not receiving the kind of care that for them is necessary to self-maintenance, as the term is used here, and to which the present standards of society entitle them. If any one or a combination of these and other factors prevent one

from achieving an acceptable adjustment to life and its demands, there may be evidence of a greater or less degree of self-maintenance. The organizations through which social case-work is carried on deal with human beings presenting problems such as these or others like them.

These are not new problems in the history of mankind. They were not discovered by social case-work. They have been through centuries the concern of the charitable and the benevolent, of the clergy and the medical profession. The contribution of social case-work has been a contribution to a more profound understanding of their origin and implications, to the development of more far-reaching methods of studying and dealing with them, and to a better correlation of the human services of all kinds which are helpful to an individual who is struggling with them. Social case-work, in other words, has become both a well-established form of expert service to human beings who have failed in the task of self-maintenance, and an important ally of other services such as medicine, education, and the administration of justice which also deal with these human difficulties from different points of view.

*The Distinctive Character of Social Case-work*

What does a professional practitioner face to face with a patient or a client need to know about him? In general, he needs to know everything that will explain the predicament of his client and everything that could be used to help him out of it. The scope of the knowledge necessary to the successful treatment of individuals varies among the different professions. It varies according to the type of problem with which the profession concerns itself, and it varies also according to the extent of relevant scientific knowledge upon which the professional practitioner can draw.

Every profession goes back to a time when its practitioners had no accumulation of scientific knowledge upon which to draw, to a time when they were dependent solely upon the experience which was a common possession of the race. The history of all professions is from one point of view a history of a growing body of knowledge, a growing assortment of

methods and procedures, all of which must be mastered by those who wished to practice the profession successfully. It is the development of this growing body of knowledge and this increasing assortment of methods and procedures that marks off the members of a profession in the making from their fellow men. To the human difficulties that are brought them for treatment, they begin to bring not merely the experience which is the common possession of the race, but certain knowledge, certain habits of mind, certain methods of work, which enable them to understand, to explain, and to deal helpfully with such difficulties to a degree not possible for those who have not so equipped themselves.

While the difficulties that beset human beings, therefore, are not new, our understanding of them and the scope of our ability to deal with them are in many ways new. With respect to sickness and some other difficulties, this needs no demonstration. We accept without question the fact of a greater degree of expertness on the part of physicians in the treatment of sickness than a layman can be expected to have. It is not so generally recognized that with the other familiar difficulties, such as conduct, family compatibility, foster-home relationships, lack of progress in school, and failure in economic independence, expert service is possible. We are much more likely to assume that these are difficulties which can be handled through the use of such equipment as is possessed by an ordinarily intelligent human being.

The fact is, however, that out of our experience of dealing with such difficulties in organized fashion through schools, medical practice, and social agencies, it has been clearly established that the development of human knowledge and experience enables us to bring to bear upon such difficulties a greater degree of insight, a more authoritative understanding, and more far-reaching methods of treatment than the ability and experience of even the most intelligent laymen can provide. The knowledge and facility in action that constitute this relatively new form of expertness have been developed partly by educators, partly by the medical profession in general, partly by psychiatry, and, over a wider area, by social case-work.

We have stated that a professional practitioner face to face with a client needs to know concerning such a client everything that will explain his predicament and everything that could be used to help him out. With reference to the problem of self-maintenance, social case-work has developed a substantial body of knowledge and a wide range of methods and procedures for putting it into effect in individual cases. Neither this knowledge nor these procedures are in the aggregate as substantial as the knowledge of the procedures used by some of the older professions. They are, however, increasing both in substance and the precision with which they can be used.

In developing an increasingly profound understanding of the difficulties that beset human beings in its field, social case-work has developed and appropriated certain kinds of knowledge which are indispensable in its practice. They include, among other things, a knowledge of psychology, which explains the mental make-up of an individual and its functioning in the circumstances under which he has lived; a knowledge of the various phases of social environment which exert a more or less persistent influence upon human beings, such as the family as an institution, the school and its routine, industry, the enforcement of law, and so forth; a knowledge of the resources of a community in terms of law, agencies, and special services that can be used effectively by an individual in solving his problem of self-maintenance.

It is possible to describe the processes of social case-work as covering the assembling of data, diagnosis, and treatment. Each of these phases calls for a considerable degree of skill and the use of a wide range of specialized knowledge. In applying this procedure, every case-worker finds himself using certain processes in which, if he is to achieve his professional objectives, he must develop a considerable degree of skill. Among these may be mentioned interviewing, diagnosis—which is the interpretation of assembled data in terms that make effective treatment possible—leadership as the capacity to establish and maintain a helpful, purposeful relationship with another person, and the organization through an effective plan of several different forms of service.

*Organization of Social Case-work*

Social case-work with few exceptions is practiced through organizations. Among the types of social case-work, each with its typical organization, are the following:

Child welfare
Family welfare
Medical social service
Probation and parole
Protective work
Psychiatric social work
Visiting teaching

The practice of social case-work on an individual basis, as medicine is largely practiced, has not yet developed to any extent.

As will be apparent to those who study this whole series of monographs, the different forms of social case-work confine themselves to different phases of the whole problem of self-maintenance. Specialization in this sense makes necessary variations in the approach of different forms of case-work to their distinctive problems and to some extent variations also in methods of work. These variations, however, are, from the point of view of the skill of the social case-worker, of much less significance than the common body of knowledge and methods that distinguish the skill of a social case-worker from the skill of other professional practitioners.

It is true that, until recent years, the differences among the various forms of social case-work have seemed to be more significant than their common foundation. The most important evidence, however, that social case-work is achieving a professional status is the fact that the scientific and technical foundation common to its various forms has steadily increased. At the present time, the differences between the various forms of social case-work are more largely administrative than professional. That is to say, the different forms of social case-work are handled by different agencies chiefly to permit more economical and more efficient organization of service. Whatever may be its future development, it is at present more efficient, in the larger communities at any rate, to maintain separate organizations for different types of social case-work, even though fundamentally the

objectives and the fundamental characteristics of these different forms of social case-work are much the same. This differentiation of organization permits a concentration upon particular forms of human difficulty, such as the need for foster homes, probation, the development of self-maintenance in families, mental problems, and so forth. Furthermore, to a considerable extent social case-work is now practiced in association with other professional services. It is a part of the medical program of a hospital; it is a part of the service of a psychiatric clinic; it is incorporated into the program of the school; it may be an important part of the work of a court. These are specialized forms of social case-work as it is administered; but they present fundamentally the same general purposes and technique.

It is important for the person who is considering social case-work as a vocation that he recognize the significance both of its common foundation and of the variations in its administrative types. The first determines to a large extent the challenge that social case-work makes to the powers of its practitioners. In so far as social case-work has developed a scientific character, it is apparent chiefly in its common foundation. The second offers the prospective student a basis for determining the congeniality of the varied subject matter with which social case-work deals. At the present time, there is relatively free interchange between the fields of social case-work; that is to say, it is, within limits, easy for a worker with successful experience in one field to transfer to a position of responsibility in another. This is, so far as it goes, an evidence of the common foundation of all forms of social case-work, and it undoubtedly strengthens the appeal of social case-work as a vocation. As will be clear from a study of these monographs, this facility of transferring among the different fields is true only within limits. The administrative requirements of the different fields of social case-work require different degrees of familiarity with different kinds of subject matter—psychiatry for psychiatric social work, medicine for hospital social service, and so forth. Some parts of this subject matter are more easily acquired than others. In spite of this limitation, however, it is the growing conviction of social case-workers that the specialized knowledge of

the different fields plays in the equipment of the case-worker a relatively less important part than the knowledge which is necessary to them all.

*The Purpose of These Monographs*

Each of the monographs in this series will present the opportunities, the requirements, and the compensations of a particular field. The first to be published covers the field of psychiatric social work. As will be apparent to the reader, psychiatric social work is one of the newer fields. It is already well-established and at present the demand for qualified workers exceeds the supply. Its appearance has not only widened the area of professional social case-work, but it has made a most important contribution to the field in its revelation of a new understanding of human personality and new ways of treating its difficulties. The reader is referred to the monograph itself for information regarding the opportunities, necessary training, and compensations of this field.

PORTER R. LEE.

## PART I

### GENERAL PRESENTATION

#### DEFINITION

Within the last ten or fifteen years a new branch of social work has been developed known as psychiatric social work, which offers interesting vocational opportunities to the college graduate with special training. A consideration of its professional aspects should be preceded by a general study of the field of social work and its chief divisions—social case-work, social group work, and community organization—each of which has various subdivisions. Psychiatric social work is the branch of social case-work that deals with cases of social maladjustment in which a mental factor or a behavior problem is of primary importance. All social cases have a psychological aspect, but psychiatric social work is concerned particularly with those in which the mental problems predominate and require attention by specially trained persons, and it is carried on in close association with psychiatrists,

physicians who are specialists in mental disorders and in mental hygiene. Because of the many relationships between an individual's social situation and his mental concepts and between his mental life and his social behavior, a consideration of social factors is important in most mental difficulties, and the social worker brings to the psychiatric problem her special skill in evaluating social data and in effecting environmental adjustments. The wide range between the social problems that arise in connection with acute mental disorders and those involved in mild personality maladjustments and faulty childhood habits results in a considerable divergence in emphasis in various psychiatric-social-work positions. The aim of all psychiatric social work, however, is to contribute to the improvement of the individual's mental health and to assist him to make a better social adjustment.

The psychiatric social worker is a social case-worker who has had systematic instruction in the psychological factors underlying behavior and in the principles of physical and mental disease and their social aspects, and training in dealing with psychiatric cases. Her work is usually carried on in a clinic or hospital, the center from which the psychiatrist works and to which persons with mental problems come. She may also work to advantage in a social agency, a school, a court, an industrial plant, or any other institution that deals with individuals, provided that the service of a psychiatrist is available. Psychiatric social work is carried on under the auspices of various federal, state, county, and city boards, community organizations, and private foundations, and psychiatric social workers are also employed by psychiatrists for assistance in their private cases. In addition to practice, psychiatric social work affords many opportunities for furthering public education in mental hygiene and contributes through research to the better understanding of human personality and behavior.

### METHODS

The functions of psychiatric social work are carried out, for the most part, by social-case-work methods of social examination or investigation, diagnosis, and treatment. The psychiatric social examination or investigation has as its

immediate end as complete an understanding as possible of the patient's personality and behavior. It approaches the problem from a developmental point of view, bringing together data concerning the individual's heredity, his physical and mental make-up, his social and material environment, the personalities in his family group and his reactions to them, from the time of his childhood to the present. His intellectual and emotional life is studied through his achievements and failures in school, business, and home, through his relationships to other individuals and to the community, and through his habits, tastes, beliefs, attitudes, and ambitions. Factors that suggest some abnormality in the individual are noted and the details of the present difficulty are carefully ascertained. These data are gathered by the social worker's usual technique of office interviews, correspondence, and visits, from such sources of information as the patient himself, relatives, friends, teachers, employers, doctors, social agencies, and official records of various kinds. Much of the material is elusive and difficult to verify and the psychiatric social worker is called upon to use considerable ingenuity in discovering clues and must scrutinize the evidence with great care. She must have a framework of knowledge of all the psychiatric possibilities of the case, and must collect and present the material in an objective way, excluding inferences and impressions.

After the social investigation has been completed, the material is recorded under various headings and is analyzed according to some scheme of classification which will clearly show the nature of the social problem and the possibilities in the situation. The psychiatric examination of the patient is made by the psychiatrist, under whose direction a physical examination and laboratory tests may be obtained, and psychological examinations are made by a psychologist. A conference or staff meeting is then usually held, at which the psychiatrist, psychologist, psychiatric social worker, and others who have a professional interest in the case present their findings for discussion by the group. In this way, all aspects of the case are given due consideration, each examiner has the benefit of the other's point of view and experience, and

the responsibility which each branch of the service is to assume in the treatment is clearly understood by all.

Social treatment in psychiatric social work, as in other forms of social work, means the supervision of the patient in the community in such a way as to bring about a better social adjustment for him. In some cases all that is possible may be the modification of the environment so that a fairly satisfactory social adaptation may be made for him in spite of his mental handicap. Wherever the outlook for improvement is at all favorable, however, the aim of both the social and psychiatric treatment is to bring about a change in the attitude of the patient himself, to replace undesirable mental habits by wholesome ones, to modify his conduct by a training of his emotions, and to give him insight into his difficulties, so that he may eventually overcome his disabilities and be able to make a satisfactory adjustment in any environment. The psychiatric social worker may supervise the patient directly or may work through some social agency or interested individual such as a teacher or relative who can be shown the nature of the problem and how to deal with it.

In addition to carrying out fully these processes of social case-work, the psychiatric social worker, depending upon the needs of the particular organization to which she is attached, may be called upon to render certain specific services to the patient which necessitate a psychiatric background, but do not involve responsibility for all aspects of the social problem, such as making psychiatric social investigations primarily as an aid to medical diagnosis, or arranging only for institutional care for the patient. She may also perform various administrative duties, such as the supervision of the routine management of the clinic and the medical follow-up service. (She should not, however, confuse such supplementary activities with undertakings of quite a different order, such as mental testing, occupational therapy, or group recreation, which require a different type of training altogether and are not a part of psychiatric social work.) The aims of psychiatric social work may also be furthered by research on psychiatric social problems, by mental-hygiene instruction to parents, social workers, and other community groups, and by

teaching courses in psychiatric social work and supervising students in training.

## PERSONNEL

### *Personal Qualifications*

It is generally agreed that the psychiatric social worker should possess those qualities that are required for any type of professional work, should be intelligent, alert, sympathetic, well poised, and adaptable, and should have an objective attitude, ability for clear analysis, and interest in experimentation. She should be in good physical and mental health, old enough to have a certain maturity in point of view and young enough to be flexible in her attitudes. She must be able to deal with all sorts of persons in a manner that wins confidence, recognizing the superior knowledge of her associates in the fields in which they have had special training, but possessing the initiative, independence, and vision to develop her own work to its highest potentialities. The very introspective or unstable individual attracted to the field because of her own personality difficulties or through morbid curiosity will not succeed until her own mental hygiene has been improved. The healthy-minded person, however, will not find the work depressing because it demands a constant use of her intelligence rather than a play of her emotions. Through her training and her association with the other professions, she soon acquires a scientific and professional approach to the problem at hand and finds psychiatric social work a very stabilizing form of case-work.

### *Training*

Psychiatric social work requires such a specialized background of psychiatric and psychological knowledge, in addition to thorough training in sociology and the technique of social case-work, that entrance into the field is practically limited to those who have had graduate training courses in psychiatric social work in a recognized school of social work [1]

[1] There are only a few schools of social work in the country which have developed comprehensive training courses for psychiatric social workers. Among these may be mentioned the New York School of Social Work, 105 East 22d St., New York City; the Simmons College School for Social Work, 18 Somerset St., Boston; and the Smith College School for Social Work, Northampton, Massa-

and field work in centers where psychiatric examinations and treatment are carried on. An A.B. degree is usually required for admission to such schools and undergraduate majors in sociology and psychology and courses in biology, physiology, economics, and political science will be found helpful. The training courses cover from fourteen to eighteen months of academic work, and in some places may be taken by candidates for a master's degree. The theoretical work includes such courses as the theory of social case-work, the application of psychology to social problems, social psychiatry, the essentials of behavior, and the principles of physical and mental health. Field work is arranged in various centers, and occupies from one-fourth to two-thirds of the student's time. In some schools it is carried with the academic work and in others a number of consecutive months within the training period are devoted to it exclusively.

With the rapid development of any new field or work there is always a time when the demand for workers greatly exceeds the supply of trained personnel, and it is very important during such periods that there be no lowering of standards. Psychiatric social work has been fortunate in having good facilities for training ever since its beginning, and at the present time two wholesome trends may be seen—one the realization on the part of psychiatric social workers of their need for more knowledge, more background, longer and more advanced training courses, and the other the desire on the part of other social workers for an inclusion of psychiatric subjects in their training or for special courses later. To meet the general need of all social workers for more mental-hygiene knowledge, a number of short courses on psychiatric subjects have been organized in various centers, and courses in social psychiatry are now a part of the required work of all students at some schools of social work.

chusetts. Johns Hopkins University in Baltimore also gives a training course in psychiatric social work in its Department of Social Economics.

Tuition for the full training courses in psychiatric social work ranges from $155 to $350, in addition to which students must provide for their own maintenance while in training. Loans, repayable without interest, and a number of scholarships ranging from the amount of the tuition to $1,200, are offered under certain conditions to college graduates of promise and to experienced social workers who desire special training in mental hygiene.

### POSITIONS AND SALARIES

The field of psychiatric social work is already so diversified that it affords opportunities for the selection of work and for further specialization, according to the individual's particular interest and ability. Some positions deal primarily with adults and others with children; the emphasis in some organizations is upon diagnosis and in others upon treatment; the problems in some are chiefly medical and in others largely social. Positions also vary in the opportunities offered for carrying on intensive case-work, executive work, community organization, extension work, teaching, or research.

The salaries [1] received by psychiatric social workers compare favorably with those received by social workers in other fields and conditions of work are generally very satisfactory. The demand for psychiatric social workers is greater than the supply and the trained worker has little difficulty in secur ing a position. It is rather hard, however, for workers in other branches of social work to transfer to this field without taking special training.

### PROFESSIONAL OUTLOOK

The satisfaction of the psychiatric social worker in her work is deep rooted and arises from its scientific and experi-

[1] The National Committee for Mental Hygiene has secured the following information in regard to salaries of one hundred and ninety-six psychiatric social workers, which it considers representative of the whole group. Maintenance is estimated at $500 a year and is included in the salary at that amount when allowed.

| | | Number | Per cent |
|---|---|---|---|
| Group I | $4,000 and over | 2 | 1.0 |
| Group II | $3,000 and under $4,000 | 3 | 1.5 |
| Group III | $2,500 and under $3,000 | 10 | 5.1 |
| Group IV | $2,000 and under $2,500 | 63 | 32.1 |
| Group V | $1,500 and under $2,000 | 85 | 43.4 |
| Group VI | $1,200 and under $1,500 | 27 | 13.8 |
| Group VII | Under $1,200 | 6 | 3.1 |

The salary for a beginning worker who has had full training at a school of social work averages from $1,500 to $1,800 with increases with experience and added responsibility. A few positions requiring organization of a community and working out new methods offer $3,000 or more to experienced trained psychiatric social workers, but the majority pay under $2,500 a year.

mental approach, its direct service to the patient, its relationship to the whole mental-hygiene movement, and its forward look. She has the advantage of starting out in the field of social work with the most up-to-date equipment available—the technique of social case-work, a certain amount of scientific knowledge about personality and human behavior, and an understanding of the principles of physical and mental hygiene. Her training in dealing with abnormal personalities under the direction of a psychiatrist gives her insight into the mental problems of other individuals and methods of approach that may be helpful in their solution. The interdependence of psychiatry, psychology, and psychiatric social work furnishes a constant stimulus to the improvement of the technique of social case-work, so that the psychiatric social worker may more adequately meet the responsibilities placed upon her in the field of mental hygiene.

The pioneer character of psychiatric social work constitutes one of its attractions to-day and also gives rise to certain limitations. It offers possibilities for the individual to do an outstanding piece of work that will be a contribution to the whole field; it also offers many problems that she is not yet capable of solving. Its leading centers are widely scattered, and whereas this may appeal to some by furnishing opportunities for travel and experience in different parts of the country, others may not wish to consider positions away from their home communities. Likewise, the positions that are in distinctly experimental work, while often intriguing, sometimes are insecure, as the undertaking may be arbitrarily discontinued. A more permanent limitation of the field is due to its close association with psychiatry and psychology, for the success of the work of the psychiatric social worker is directly dependent upon the quality of the medical and psychological service available, and there are still not enough well-trained psychiatrists and clinical psychologists to meet the needs of the social as well as the medical field.

It is too early to attempt a definite forecast as to the future of psychiatric social work, but it seems probable that its demonstration period is now well advanced, and that the next decade will see its steady development as part of a mental-hygiene program in many new centers. The psychi-

atric social worker probably will be called upon for some time to assist in the solution of personality problems that arise in the work of social agencies, the courts, the schools, and to a growing extent in industry. As other social workers receive definite and thorough instruction in psychiatric principles, they should eventually be able to handle many of these problems of mental adjustment themselves, but on the other hand their greater insight may bring to light a number of additional cases that are in need of special psychiatric attention. The psychiatric social worker is likely to remain a specialist in the field of social work dealing with the more obscure behavior problems and the social aspects of the distinctly pathological cases of nervous and mental disorder. Her chief interest for some time probably will be in the experimental development of more effective methods of social treatment for border-line mental cases and for problem children and in various phases of mental-hygiene education. The individual who desires to make her work a continuation of her education, who is interested both in human beings in action and in scientific discoveries and experimentation, who wishes opportunities for leadership and for intelligent service in the development of personalities and in social welfare, will find many such opportunities in psychiatric social work.

## PART II

### Description of the Field

#### extent and distribution

In order to obtain an accurate idea of the vocational opportunities in psychiatric social work, a brief survey has been made of the extent and types of the activities in which psychiatric social workers in the United States are engaged at the present time. It is estimated that there are between three hundred and three hundred and fifty persons now in psychiatric-social-work positions.

The National Committee for Mental Hygiene has accumulated the experience records of two hundred and forty-four psychiatric social workers, one hundred and forty-three of whom are working in hospitals, fifty-two in children's clinics,

and forty-nine in other types of organizations. They are distributed geographically as follows:

| East | | South | | Middle West | | West | |
|---|---|---|---|---|---|---|---|
| Connecticut | 12 | District of Columbia | 3 | Illinois | 23 | Arizona | 1 |
| Maine | 1 | Georgia | 1 | Indiana | 2 | California | 9 |
| Massachusetts | 46 | Maryland | 8 | Iowa | 2 | Wyoming | 1 |
| New Jersey | 9 | Tennessee | 2 | Louisiana | 1 | | |
| New York | 73 | Virginia | 1 | Michigan | 6 | | |
| Pennsylvania | 7 | West Virginia | 1 | Minnesota | 14 | | |
| Rhode Island | 2 | | | Missouri | 4 | | |
| | | | | Ohio | 7 | | |
| | | | | Oklahoma | 1 | | |
| | | | | Texas | 2 | | |
| | | | | Wisconsin | 5 | | |
| | 150 | | 16 | | 67 | | 11 |

Thus New York, Massachusetts, and Illinois lead the other states in the number of psychiatric social workers employed. Slightly over half of these two hundred and forty-four positions are in the chief cities of the state and slightly less than half in the smaller towns or rural districts.

### CENTERS OF WORK

Psychiatric social work varies in different places in its organization and details, but is characterized throughout by its use of social-case-work methods developed with a new emphasis upon a scientific consideration of mental factors. The underlying principles of psychiatric social work and the general directions in which it is developing may be seen in the description given in the following pages of work that is being carried on in hospitals and dispensaries, schools for the feebleminded, psychiatric clinics for children, various non-medical institutions (social agencies, schools, courts, and industrial concerns), and in mental-hygiene organizations. Psychiatric social work in the first two groups is now fairly well standardized, but in its more recent applications it is still in the formative period and can be described only as it has developed in certain leading centers.

#### *Hospitals and Dispensaries*

*State hospitals for mental diseases.*—The care of the insane has long been recognized as a social problem and the

last century saw the establishment of many state institutions for the custody of individuals suffering from mental diseases. Begun as a medical movement, it soon, however, lapsed into a humanitarian enterprise, probably because of the retarded development of medical knowledge along these lines. The first effort to help such patients make an adjustment in the community took place in England in 1880, when a Society for the After-care of the Insane was organized to provide friendly supervision for patients discharged from the hospitals for the insane. Similar work was begun in this country in 1910, when the Committee on Mental Hygiene of the New York State Charities Aid Association appointed an after-care worker to supervise patients discharged from two of the state hospitals for mental diseases. The next year, the salary of this worker was taken over by the state, and in 1913 two Massachusetts state hospitals added social workers to their staffs. In the meantime, the "insane asylums" have gradually been transformed into hospitals and with new forms of treatment and the development of more institutional activities, many patients are found to improve sufficiently to be able to live comfortably outside of the institution if they can be properly placed and supervised. Such social problems are met by the employment of psychiatric social workers, and to-day there are over fifty state hospitals for mental diseases that have social-service departments. Psychiatric social workers are also employed at the federal hospital for the insane, at Washington, D. C., and in some private hospitals for mental patients.

The psychiatric social worker in a hospital for mental diseases is engaged in social case-work with especial emphasis upon the social supervision of paroled patients. It is her function to make social investigations that will aid both in the medical diagnosis and in the formulation of plans for the patient after he leaves the hospital. She may handle social problems that arise in his family during his absence, may help the family to make an adjustment without him if he is found to be in need of permanent care, or may, if necessary, organize the home situation so that it will be favorable to his convalescence if he is to return. His discharge often will depend upon the plans that the social worker

is able to make for his living arrangements and employment, and her subsequent supervision involves not only the encouragement of the patient, but also the mental-hygiene education of those with whom he is associated, so that he may be understood and accepted as a member of the community. The social worker is able in some instances to arrange for extramural care for certain chronic cases, and every removal that she thus facilitates is of direct economic value to the state. Some of the state hospitals have out-patient departments or hold clinics in various parts of their districts, and here the social worker has additional contacts with the community and with border-line and incipient mental cases, some of whom, under social supervision, can make a satisfactory adjustment without entering the hospital. The social worker is also called upon to give lectures to nurses and various community groups.

A state-hospital position usually entails residence at the hospital and some traveling in the state. Salaries on the whole are lower than in other types of psychiatric social work, unless the cash value of maintenance is estimated at more than $500 a year. The demand for workers is increasing as more and more state legislatures recognize the value of such service and already there are more openings in this field than can be met by the trained psychiatric social workers now available.

*Psychopathic hospitals.*—During the last fifty years, medical knowledge concerning the etiology of mental diseases has advanced rapidly, receiving its impetus from work on the continent, where mental diseases with a favorable prognosis were first differentiated from those in which recovery seldom occurred. Now a dozen or more definite entities are recognized in the field of mental disorders, each of which has a different medical background and symptomatology and requires different treatment. New developments in laboratory technique and the standardization of mental tests have been aids to greater accuracy in diagnosis, and increasing attention has been paid by psychiatry to border-line and incipient mental deviations and to the prevention of mental disorders. Scientific knowledge of such cases has been furthered by the establishment of separate institutions for their study, such

as the psychopathic hospitals in connection with the medical schools at Ann Arbor, Boston, Baltimore, Iowa City, and Denver. All available resources for the understanding and treatment of the mental patient are made use of in these hospitals. The value of social service with medical cases was first demonstrated at the Massachusetts General Hospital, and when the Boston Psychopathic Hospital was established in 1912 as a department of the Boston State Hospital, its organization included a social-service department. Here, under the direction of the late Dr. E. E. Southard and Miss Mary C. Jarrett, the technique of social case-work with mental cases was developed and here it became known as psychiatric social work. In 1915, the first apprenticeship course in psychiatric social work was established at this hospital.

Social-service departments are now an important feature in all of the psychopathic hospitals, and they have contributed much to the development of psychiatric social work in general, both because of the emphasis of the hospitals upon differential diagnosis, treatment, teaching, and research, and because of the type of patients studied. Many border-line and incipient cases, voluntary as well as committed, are received, in which it often is difficult to determine the relative importance of social and disease factors. The patient's failure in social adjustment may be the first clue to his mental difficulty; a particular environmental situation may be an important factor in the onset of his breakdown; or his whole problem may resolve itself into a social one. In these cases, the social investigation becomes of especial importance in the medical diagnosis, and intensive social treatment is often indicated. The development of out-patient departments in connection with such hospitals has made psychiatric service available for very mild mental disorders and for social problems where a mental factor is only suspected. Increasing numbers of children's cases, particularly those presenting school and behavior problems, are also examined and preventive work is emphasized.

The social-service department makes social examinations in many of the hospital and out-patient cases and carries on intensive social treatment with a selected group, referring

others to coöperating social agencies. Responsibility for the management of the out-patient clinic and the follow-up service is often delegated to the social worker. Educational work is carried on through the organization of courses and field work for student social workers, and lectures are given to nurses, medical students, and community groups. Extension work is developed in some places by psychiatric surveys and clinics held in other parts of the state. There are numerous opportunities at these hospitals for social research on psychiatric problems, and special work has been done on syphilitic cases and on industrial problems at the Boston Psychopathic Hospital and on children's cases at the Phipp's Institute in Baltimore. Another type of psychopathic hospital functions chiefly as a clearing center for the state hospitals, and whereas social service is important in such an organization, the rapid turn-over of cases makes it difficult to carry on any intensive social case-work.

*General hospitals and dispensaries.*—Patients with mental problems are also cared for in general hospitals, many of which have neurological clinics and psychopathic wards. Medical social work was well started in the general hospitals before psychiatric social work developed as such, and the the two fields always have had a close relationship. As early as 1905, a social worker was placed in the neurological clinic of the Massachusetts General Hospital, and a year later one was employed in the psychopathic ward of Bellevue Hospital in New York. Now social-service departments of hospitals and dispensaries that handle neuropsychiatric cases often have psychiatric social workers on their staffs, and they are playing an important part in the organization of psychiatric and "mental-hygiene" clinics for both adults and children separate from the neurological clinics of such institutions.

In these clinics, the social worker has the advantage of having near at hand general medical as well as psychiatric facilities for the study of the patient, and mental problems are discovered in many patients who probably never would have come to a strictly psychiatric agency. The psychiatric social worker in such a clinic carries on as much intensive

social case-work as possible. She also takes psychiatric social histories as an aid to diagnosis, directs the preparation of histories by other social workers who refer patients, sends them reports, acts in an advisory capacity on their psychiatric cases, supervises the follow-up service, and performs various short-time services for the patient. Her work is often difficult because of the large number of patients examined and intensive psychiatric treatment may be interfered with by frequent changes in the medical staff. Work in general hospitals and dispensaries requires a special knowledge of medical social problems and offers opportunities for research in the relationship of physical, mental, and social factors in social maladjustment.

*United States Veterans' Bureau hospitals.*—Psychiatric social work is also being carried on in the United States Veterans' Bureau hospitals for neuropsychiatric cases. During the war, the problem of the prevention and care of mental disorders among the enlisted men assumed national importance, and there was a need for psychiatric social workers to serve in the army hospitals. To meet this demand, a special training course for psychiatric social workers was organized at Smith College in 1918 by Dr. Southard and Miss Jarrett, of the Boston Psychopathic Hospital, with the coöperation of The National Committee for Mental Hygiene. Graduates of this course went into various army hospitals and war-time organizations. In 1919, at the request of the Surgeon General, psychiatric social work was organized by the American Red Cross in the United States Veterans' Bureau hospitals. To-day, there are Red Cross psychiatric social workers in the fourteen Veterans' Bureau hospitals dealing with mental cases, in the National Soldiers' Home Hospital in Indiana, and in the mental wards of the army and navy hospitals in California. Psychiatric social workers are employed directly by the Veterans' Bureau in some of its district offices, and it is planned to develop this work considerably.

In general, the functions of the psychiatric social worker in a government hospital are to secure full medical and social histories of each patient through correspondence with the

patient's home chapter of the Red Cross and from relatives and friends visiting the hospital; to maintain close contact with the patient's family during his period of hospitalization and to adjust any social problems that may arise; to arrange for his supervision by some social agency in his local community after his discharge; and to obtain parole and follow-up reports. There have been many changes in personnel in these hospitals, particularly during the period of their reorganization, and the nature of the service makes it difficult for the psychiatric social worker to carry as many intensive-treatment cases as she desires. There are many openings in this field, and the American Red Cross has taken an active part in providing scholarships and encouraging training in psychiatric social work.

*Schools for the Feebleminded*

Within the last few years, there has been a marked change in the attitude of the public toward the feebleminded, due in large measure to the influence of the late Dr. Walter E. Fernald. The general emphasis in this field is now upon the early recognition of mental defectives and their special training and supervision in the community, rather than upon their segregation and permanent colony care. Some states provide mental examinations for all children who are definitely retarded and special classes for their instruction. Social supervision is stressed for those who do not require institutional care, and residence in schools for the feebleminded is recommended for those who need vocational instruction and training in the formation of socially desirable habits. The aim of these schools is to prepare as many of their patients as possible to return to the community and lead socially useful lives. The psychiatric social worker has an important part in this program, and twelve or more of the state schools for the feebleminded now have social-service departments. There are also a large number of "follow-up workers" for the feebleminded in the state of New York.

The psychiatric social worker in a school for the feebleminded may have the responsibility for making social investigations of all applications for admission to the school and for an adequate social disposition of those cases which for

various reasons cannot be admitted. When a patient in the school is ready to leave, she makes a thorough social investigation of his home situation and the possibilities for his placement in the community. If satisfactory arrangements can be made, he is paroled, and the social worker is responsible for his subsequent supervision. When out-of-town clinics are held, the social worker assists in making the preliminary social investigations.

*Psychiatric Clinics for Children*

Psychiatric social work with children who present problems in behavior due to factors other than feeblemindedness is being rapidly developed, not only in medical institutions, but in a number of special psychiatric clinics for children. These are known under various names and are carried on under the auspices of juvenile courts, community and children's agencies, special foundations, state departments of health, and other organizations interested in conserving the mental health of children. Cases are referred to these clinics by courts, schools, social agencies, physicians, public-health nurses, visiting teachers, relatives, and other organizations and individuals. The children's problems include antisocial behavior, peculiarities in personality make-up, emotional difficulties, temper reactions, jealousies, fears, shyness, enuresis, disturbances in eating and sleeping, and a number of other conditions that indicate some maladjustment. The study of the child consists in a thorough physical, psychological, and psychiatric examination, together with a social investigation of the environment, with especial attention to the analysis of the personalities in the child's home and play groups and the discipline to which he has been subjected. The child's reactions are often explainable in terms of his surroundings, and the psychiatrist's recommendations frequently consist for the most part of environmental changes. The plasticity of the child makes habit training relatively easy at this age, and a psychiatric approach to the child's problem may result in the prevention of permanent mental disabilities. Some of the children's clinics act only in an advisory capacity, whereas others undertake to carry out the full psychiatric and social treatment in a selected group of

cases. The following examples will show some of the directions in which psychiatric social work with children is developing.

*Institute for Juvenile Research.*—The first extensive psychiatric study of children's behavior was made by Dr. William Healy in Chicago in connection with the Juvenile Psychopathic Institute, which was organized in 1909 with a five years' endowment for practical research in the field of juvenile delinquency. The individual offender was made the center of the problem, and his conduct was studied as a direct expression of his mental life. Data regarding the child's family traits, early characteristics, and environmental surroundings were gathered by field workers, and a thorough analysis of his mental content was made by psychiatrists. This approach to the problem resulted in the formulation of a number of the now recognized mental bases of delinquency, and further interest in the field was stimulated by the publication of the study of a thousand cases in *The Individual Delinquent.*

In 1914, the Juvenile Court of Cook County established the institute as one of its departments, and in 1917 it was taken over by the department of public welfare under the direction of the state criminologist, Dr. Herman M. Adler, as the Institute for Juvenile Research. The institute now makes routine examinations for child-placement work of the Illinois Home and Aid Society, for admission to the Lincoln School for Feebleminded, and for the pardon and parole systems of the penal and correctional institutions of the state. Extension clinics in connection with health work, and mental-hygiene surveys in various parts of the state, form another part of the work. The social workers make social investigations in the cases examined in the out-of-town clinics, enlist the coöperation of all community resources, and do a certain amount of follow-up work. The most important work of the social-service department, however, is that in connection with the intensive studies made on cases that present behavior problems which are referred to the institute or examined at the Juvenile Detention Home. In these, a full social examination is an essential part of the study and serves as a background for subsequent treatment, which is carried out largely by the

social worker. An interesting experiment in case-work methods is being made by a special recreation worker, who assists in treatment on the recreational life of these children.

*Judge Baker Foundation.*—The Judge Baker Foundation in Boston—Dr. William Healy and Dr. Augusta F. Bronner, directors—studies, analyzes, and advises on behavior, educational, and vocational problems referred by various community agencies or directly by the family. The child is studied by a physician and a psychologist. Parents are seen and a complete family and personality history is obtained by a social worker. A staff conference is held on every case. A summary of the problem, findings, and specific recommendations are made, and a copy of this is sent to the judge or the referring agency. Further analytical study by a specially trained worker is sometimes made as a sequel to this preliminary study. Follow-up studies are secured at various intervals, according to the nature of the case. Conferences on treatment are held with agency staffs, probation officers, and others under the direction of the sociological department. The work of the Foundation is almost exclusively of an advisory nature and other agencies, particularly the child-helping organizations, coöperate closely in carrying out suggested treatment.

*Child-guidance clinics.*—The Division on the Prevention of Delinquency of The National Committee for Mental Hygiene, operating as part of the Commonwealth Fund's Five-Year Program for the Prevention of Delinquency, has since 1922 been engaged in establishing child-guidance clinics through demonstrations in certain cities that are sufficiently developed in the social, educational, and medical fields to assimilate the work and continue it on a permanent basis at the end of the demonstration period. As a result of such demonstrations, there are now permanent clinics in St. Louis, Dallas, St. Paul, Minneapolis, and Los Angeles, and at the present time two demonstration child-guidance clinics are operating, one in Cleveland and the other in Philadelphia.

The child-guidance clinics deal with personality and behavior problems in children referred by schools, social agencies, courts, parents, and others. The clinic approaches the problem through social, medical, psychological, and psy-

chiatric studies of the child and his situation, and a staff meeting is held on every case, at which the findings from these various sources are coördinated and joint recommendations for treatment are made. The clinic works through three general types of service: the consultation, which consists of examinations and recommendations for treatment to the referring agency; the coöperative, in which the clinic assists in treatment by regular conferences with the coöperating agency, which actually carries on the social treatment; and the straight clinic service in which the clinic assumes full responsibility for the social treatment.

The social-service department as at present organized in the demonstration clinics is headed by a chief social worker, who is concerned mainly with community relationships and general responsibility for the work of her department. Under her are two case-work supervisors, three social case-workers, several students in training, and a number of workers loaned from other agencies that are interested in gaining a knowledge of clinic methods and aims. These loaned workers are assigned mainly to cases from their own agencies, obtaining histories and carrying out social treatment under clinic supervision. This affords the clinic a means of working out with various agencies practical methods of coöperation. Part of the educational work of the demonstration includes talks and lectures by staff members to various groups in the community, a limited library service, advice on mental-hygiene literature, and open staff meetings at which case presentations are made to groups with professional interests.

A psychiatric social worker associated with the director in the New York office of the Division on the Prevention of Delinquency acts as a consultant on case-work methods to the workers in the child-guidance clinics and to permanent clinics upon their request. She has charge of the preparation for publication of certain case studies and directs research in methodology. She also carries responsibilities in connection with the social-service personnel of the clinics.

Since the demand for assistance in establishing such clinics could not be met by two traveling clinics, a consultant service, consisting of a psychiatrist, a psychiatric social worker, and a secretary, was added to the child-guidance-clinic program.

This service is available to cities that are working to establish clinics of their own along similar lines and that desire assistance in matters of education, planning, organization, and personnel. Certain preliminary services, such as visiting a city to evaluate existing community resources, the public's interest, and the specific financial support contemplated, are rendered by the consultant staff, acting in an advisory capacity. When the city is considered ready to support a clinic adequately and its trained personnel has been obtained, the consultant staff may go into that city for a period of three or four months to assist the permanent staff in organizing and getting under way as a unit. The psychiatrist is consultant in his field, the social worker and secretary in theirs. The project includes a large amount of community education concerning coöperation with the clinic and general understanding of its function. Permanent clinics resulting from this service create a still further demand for trained psychiatric social workers.

A psychiatric social worker is also employed to act as executive assistant, associated with the director of the Commonwealth Fund in New York. Her work is administrative and is largely determined by the mental-hygiene aspects of the Fund's Program for the Prevention of Delinquency.

*Bureau of Children's Guidance.*—Another section of the Commonwealth Fund Program for the Prevention of Delinquency is carried out by the New York School of Social Work through its training courses and through its psychiatric clinic for children, known as the Bureau of Children's Guidance. This bureau, as the mental-hygiene department of the school, has a twofold purpose—the training of students in dealing with behavior and emotional problems and the actual treatment of children's cases. Children are referred by the visiting teachers who are part of the Commonwealth plan, by social agencies, parents, and others, and the clinic's intake is limited by a careful discrimination as to the nature of the problem. The bureau assumes entire responsibility for the supervision of the children that are selected for study and while coöperating with the referring agency, does not give either diagnostic or consultation service alone on any case.

Social investigations and social treatment are carried on by the students under the direction of the case supervisors of the social-service department and the psychiatrists. In addition to its training and treatment functions, the clinic is interested in developing new methods of psychiatric work with children which will aid in the prevention of delinquency.

*Habit clinics.*—The importance of the establishment of right habits of mental health in very early childhood has been stressed by both the behaviorists and psychoanalysts and is receiving considerable attention in the educational field, with the resulting development of nursery schools for the social training and the psychological study of pre-school children. Mental-hygiene problems of very young children are being handled in many of the psychiatric clinics for children, pediatricians are becoming interested in the field, and various methods of habit training are being tried out in a number of centers.

The most specialized clinical work of this kind is that done by Dr. Douglas A. Thom in Boston and in other parts of Massachusetts in "habit clinics" in which the individual very young child is studied as a whole and in relation to his environment. When examination has eliminated the possibility of physical disease, the problem is approached from the habit-training standpoint. The psychological examination, determining mental equipment, and the social history, indicating background and influences, together with the personality study, form the basis for analysis and for the treatment which is carried out largely by the social worker. Carefully trained observation for differential diagnostic data is required in work with such children because few informants are available and the significance of much of the data is as yet undetermined. Psychological and psychiatric knowledge concerning the young child is also incomplete, and the personnel of these clinics is undertaking its work in an experimental attitude.

*Other psychiatric clinics for children.*—Numerous other interesting mental-hygiene clinics for children are found in connection with hospitals and dispensaries, juvenile courts, and various community organizations, in all of which the psychiatric social worker plays an important part in the study

and treatment of the problem. The Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital receives many children for examination and one of its psychiatric social workers deals entirely with children's cases. The Wayne County Psychopathic Clinic in Detroit concentrates upon court work, and about two-thirds of its cases are referred by the judge and probation officers of the juvenile court. In addition to juvenile delinquents and problem children, it also handles neglect, dependency, and mother's pension cases in which there is a mental problem, and supervises certain entire family groups as well as individuals. In New York City, the children's court maintains a psychopathic clinic of its own which provides physical, psychological, social, and psychiatric examinations for children sent in from five courts of the city. Psychiatric social work with children is also carried on under county boards of child welfare. In Westchester County, New York, as a part of the Department of Child Welfare, a psychiatric clinic for children is being conducted in which there are three psychiatric social workers, all on civil-service payroll. This clinic has the opportunity of working closely with one of the best county programs for children in the country and close to the problem of child placing. Similar work is being developed in the Essex County Juvenile Clinic at Newark, New Jersey, where the physical, psychological, and psychiatric examinations are made by a physician trained in these fields and the social investigations and treatment are conducted by psychiatric social workers. Psychiatric social work is also carried on in children's clinics which are under the direction of psychologists, such as the Psychological Clinic in Louisville, Kentucky, in which medical examinations are furnished by outside consultation service.

*Private psychiatric cases.*—A new development in psychiatric social work is the employment of psychiatric social workers by psychiatrists for assistance in their private practice. Since mental disorders are not confined to any one class of society and since the majority of such illnesses or deviations have a social aspect, the technique of the social worker may be just as valuable to the private, paying patient as to the public one. In some organizations, the psychiatric social worker makes social investigations and carries on social treat-

ment in private as well as public cases, and several private psychiatric institutions employ social workers on their staffs. Sometimes the psychiatric social worker assists the psychiatrist outside of her regular hours of clinic work or is employed on half time by the clinic and half time by the psychiatrist. Again, she may give all of her time to private work, applying the methods of social case-work to the solution of social problems that arise in the psychiatrist's private practice. An interesting experiment in private work with children is the placement of the psychiatric social worker in residence in the home of a problem child to make an intensive study of the family relationships, parental discipline, and other factors in the situation. Social treatment in a controlled environment has been tried in a few private cases by the placement of one or more problem children in a home with a psychiatric social worker in charge for a number of months' intensive training.

*Social Agencies*

The chief emphasis in modern social work, in contrast to the older economic point of view, has been upon the development of personality. Sociologists, psychologists, and social case-workers have been interested for some time in the psychological aspects of social maladjustment and have done much to prepare the way for the application of psychiatry to social problems. It is now generally recognized that in practically every problem case that comes to the attention of a social agency, the personalities of the individuals concerned and their types of behavior must be given scientific consideration if success in effecting social adjustments is to be achieved. Otherwise much valuable energy, time, and money may be wasted in efforts expended in the wrong direction or in trying to accomplish the impossible. Social workers are, therefore, making considerable use of psychiatric clinics wherever they are available and are extending their own psychological knowledge by taking special courses and by reading. Some family agencies maintain psychiatric clinics of their own with a personnel of psychiatrist, psychologist, and psychiatric social workers, and The National Committee for Mental Hygiene has recently organized a psychiatric clinic to study

family problems in the Association for Improving the Condition of the Poor. Many children's agencies make provision for routine psychiatric examinations of their problem cases, and psychiatric clinics have also been developed in connection with institutional churches and Young Women's Christian Associations and social settlements such as the Hudson Guild.

In order to extend this mental-hygiene point of view of dealing with individuals primarily as problems in the development of personality, psychiatric social workers have been called upon in various places to work directly with a social agency either as a member of its staff or as a consultant provided by some outside organization such as a mental-hygiene society. The organization of this service is different in different localities. In New York, the United Hebrew Charities has a mental-hygiene department in which two psychiatric social workers are employed who function in a consultant capacity, aiming to develop a psychiatric point of view and technique in the staff as a whole. In Chicago, the organizer of psychiatric social work of the Illinois Society for Mental Hygiene is now working with the United Charities in an advisory capacity. Her main duties are to visit the districts and read the records of problem cases, making a social analysis of them, writing out suggestions for dealing with the problem, and then discussing it in full with the worker and the district superintendent. She supervises the working out of the problem when necessary and reviews the case after an interval has elapsed.

In such ways, the worker in the social agency is not only helped to adjust the patient, but is given training in recording data on personality and in preparing histories for the psychiatrist, in interpreting the psychiatric diagnosis, and in working out social treatment from the mental-hygiene point of view. She is encouraged to note details of personality in all of her records, and is shown in which type of problems a psychiatric examination is indicated and which ones involve mental attitudes and habits that may be straightened out by an objective and understanding approach on the part of the social worker. The work results in an earlier recognition of the psychiatric problems in a case, in more effective technique,

in better coöperation between psychiatric clinics and the agency, and in a stimulation of interest in research.

*Correctional Agencies*

*Juvenile courts.*—The social and psychological factors that underlie antisocial behavior have been receiving increasing attention in recent years and a better understanding of the delinquent child has been possible since the introduction of juvenile-court proceedings. In many places provision is now made for the social and physical examinations of juvenile delinquents, and an increasing number of courts are providing for psychological and psychiatric examinations, either through facilities offered by state hospitals, schools for the feeble-minded, psychopathic hospitals, community and school clinics, or through separate psychiatric clinics of their own. The problems of the delinquent child are not essentially different from those of other maladjusted children and psychiatric social work functions the same in the psychiatric examination and treatment of these court cases as in the other cases dealt with in various children's clinics as described above.[1]

*Adult courts.*—Adult courts are also beginning to recognize the value of complete psychiatric and social analysis of the offenders with whom they deal and are referring many of their problem cases to psychiatric agencies for recommendations as to disposition. In some places, such as Baltimore, a psychiatrist is attached to the court, and in others separate psychopathic clinics have been organized to handle the court cases. There are now such clinics in connection with the courts for misdemeanors in Chicago, Boston, and Cleveland, in Philadelphia under the probation department of the municipal court, and in the recorder's court in Detroit, which has jurisdiction over both misdemeanors and felonies. The psychopathic clinic of this court has a personnel of psychiatrists, psychologists, and psychiatric social workers. Complete psychiatric examinations are made on cases referred by the judges and probation departments, and short routine psychiatric examinations on certain groups of misdemeanants. The clinic also examines cases for the police department and

[1] See pages 584-91.

advises social agencies on problems of delinquency. Social investigations are prepared under the direction of the clinic's social workers, staff meetings are held on every case, and written recommendations are given to the judge or referring agency. If the individual is committed to an institution, a copy of the case study is sent to it, and if he is placed on probation, advice is given to the probation department as to subsequent social treatment.

*Probation and parole departments.*—Effective supervision of either adults or children who are on probation or parole requires considerable insight into the psychological mechanisms underlying conduct, and organizations carrying on social case-work with court cases or with individuals paroled from penal institutions are finding psychiatric examinations of great assistance in the understanding of their problems. Special psychiatric courses are now offered for probation officers and are included in their training, and a few psychiatric social workers are employed directly as probation officers by courts and by protective agencies. The women's probation department in the recorder's court in Detroit has such a worker, whose duties include the supervision of feebleminded girls who are on probation until they can be admitted to a school for the feebleminded, social case-work with problem cases involving a mental factor, and consultation with other members of the staff on special behavior problems among their cases. Psychiatric work has also been emphasized by the New York Protective and Probation Association.

*Penal institutions.*—Psychiatric work in correctional institutions has so far consisted chiefly of surveys to determine the number of psychiatric deviations among the prisoners. Some assistance has also been given in the proper occupational distribution of the prison population and in the handling of the more difficult disciplinary cases. A psychiatric clinic was organized by Dr. Bernard Glueck at Ossining State Prison in 1917 in connection with which field investigations were made by a social worker, and intensive social psychiatric studies of delinquent women have been conducted at the reformatories for women in New York and Massachusetts. In Massachusetts, a law has been enacted which provides that

all persons sentenced to more than thirty days in jail must have a mental examination by a psychiatric unit composed of a psychiatrist, a psychologist, and a psychiatric social worker. The duties of the latter will include the preparing of social histories as an aid to diagnosis. An interesting experiment in more intensive work in institutions was recently begun under the auspices of the Commonwealth Fund at the Berkshire Boy's Industrial Farm. Here a psychiatric clinic has been organized with a personnel of a psychologist and a social worker and the part-time consultant service of a psychiatrist. Social investigations and psychological and psychiatric examinations are made on all new admissions and on problem cases and certain pieces of research have been undertaken. The psychiatric approach of this clinic is opening up a field of educational work with the institutional staff in the understanding of problem children and their adjustment, and promises to be a forerunner of much needed psychiatric assistance in the working out of social treatment in institutions.

*Schools*

The centering of the school's attention upon the educational needs of the individual child has led to the establishment of psychological laboratories in many school systems. Intelligence and educational tests are now used extensively as a guide for the child's grade placement, and the special needs of the retarded or superior child are being met in many places by the ungraded class. The child of average intelligence who is failing in his work or who does not fit into the school system, who is nervous or peculiar, an habitual truant, or a disciplinary problem, is also arousing considerable interest and schools are providing for the psychiatric examination and supervision of such cases through their own clinics or through community psychiatric clinics.

*State-wide public-school clinics.*—A state-wide system of public-school clinics was inaugurated in Massachusetts in 1918 by a law which provides that all children who have been in a given grade three years or more should have a psychiatric examination, to be made under the joint auspices of the department of education and the department of mental diseases by traveling clinics from the state hospitals. Lists

containing the names of children to be examined are sent to the state hospitals, who lend their psychiatric social workers to make social examinations or to supervise local workers in their investigations. The children's personal, developmental, and family histories are secured, with records of school and economic progress and a description of social and moral reactions, and this material is given to the psychiatrist. These clinics endeavor to awaken in the family and the local authorities a feeling of responsibility for the welfare of the defective child and to encourage the study of the retarded child who is not defective.

*Visiting teachers.*—To meet the needs of the individual child more adequately, schools are beginning to study him in his social setting as well as in the classroom, and the position of visiting teacher has been created in many school systems. The visiting teacher usually is a person who has had training and experience both as a teacher and as a social worker, and approaches the problem of the unadjusted child by a social case study of his entire situation. The school difficulty may be traced to an economic problem, a health problem, to ignorance on the part of the parents, or to neighborhood influences, which can be adjusted by the visiting teacher, or, again, it may be a complex one of the interplay of personalities and of peculiar mental attitudes, in which a psychiatric examination is indicated. Visiting teachers are finding a knowledge of the mental hygiene of childhood indispensable to their work and recognize the desirability of as much practical training as possible in dealing with problem children under the guidance of a psychiatrist. The visiting-teacher movement is being furthered by the Commonwealth Fund Program for the Prevention of Delinquency, which is offering training courses in New York and Philadelphia, and is furnishing demonstrations of visiting teaching in thirty cities in different parts of the country. This is a field closely related to psychiatric social work and one in which several psychiatric social workers are engaged. Some experience in teaching, in addition to training in psychiatric social work, is considered desirable for a worker connected directly with a school.

*School counsellors.*—Work somewhat similar to that of the visiting teacher is carried on in the LaSalle–Peru Township High School in LaSalle, Illinois, where a psychiatric social worker who has had special training in psychology and experience in teaching is holding the position of educational counsellor. Her approach to the high-school pupils is through a personal interview with each student, covering scholarship, health, hygiene, interests, plans, and behavior, after which certain cases are selected for social case-work and psychiatric attention. The latter is provided by a mental-health clinic from the Institute for Juvenile Research, which is held at the school from time to time to make psychiatric examinations and recommendations. Vocational guidance is a corollary to the work and is represented in the employment service, which also attempts to develop industrial openings in the community for boys and girls leaving school.

Psychiatric knowledge is helpful in all types of vocational guidance and is of special value in the handling of the personal problems of older students by school advisors and deans, a large part of whose function is that of personal adjustment. Increasing attention is being paid to the mental-hygiene needs of college students, and in 1924, a six weeks' summer course for deans was organized at the Smith College School for Social Work, with emphasis upon the psychological and psychiatric approach to these problems.

*Industrial Concerns*

Possibilities for the application of psychiatric social work to another field of human problems is suggested in the concept of the "mental hygiene of industry", a phrase coined by the late Dr. E. E. Southard to indicate the importance of mental health as well as physical health in production. Since accidents, absences, grievances, inefficiency, and industrial decline are frequently due to mental attitudes, arising at times from home conditions, from peculiarities of personality, or from mental-disease processes, they can be met most effectively by the intensive study of the individual from a psychiatric point of view. Various psychological tests are being devised to aid in the correct placement of workers, and some concerns have availed themselves of the services of a

psychiatrist in connection with their health departments. The training of the psychiatric social worker in evaluating the significance of mental attitudes and social relationships, and her special skill in securing and interpreting personal histories and in making individual adjustments, should form an excellent foundation for personnel work in industrial and mercantile concerns.

*Mental Hygiene Organizations*

*The National Committee for Mental Hygiene.*—Through these early days, the future of psychiatric social work is being shaped by the careful social case-work of the individual psychiatric social worker in her daily tasks. A certain direction to the movement is also being given through the national and state organizations, which have encouraged the development of psychiatric social work as part of their larger mental-hygiene program for the conservation of mental health, for the prevention of nervous and mental disorders and mental defect, and for improved standards of care and treatment for those suffering from any of these disorders. The National Committee for Mental Hygiene has taken the lead in this field since 1917, and under the guidance of its medical director, Dr. Frankwood E. Williams, has contributed a great deal to the sound development of psychiatric social work. The educational assistant of the National Committee is a psychiatric social worker, and part of her work is to keep a registration file of all psychiatric social workers, to give advice and information in regard to training for psychiatric social workers and types of positions open, to maintain correspondence, and to distribute mental-hygiene literature. Two psychiatric social workers are working under the auspices of the National Committee in a family welfare society in New York, and twelve or more others in the child-guidance clinics. Two other positions under the Division of Delinquency are those of the psychiatric social worker in the field consultant service, and the case supervisor of methods, whose work has been described above. Psychiatric social workers also take part in surveys that are made from time to time and in other pieces of special work.

*State societies for mental hygiene.*—Some twenty-one states now have affiliated mental-hygiene societies which are attempting to organize and extend mental-hygiene activities throughout their own territory. Their work includes the assembling of information in regard to the existing facilities for the care of mental cases, improvement of conditions in state institutions, general education of the public by the publication of bulletins and addresses on mental hygiene, and assistance in the arrangement of programs for the state conference of social work and special conferences on mental-hygiene topics. Surveys of the work of welfare agencies or of whole communities are made to determine the extent of the need for mental-hygiene work and special studies of various psychiatric problems are carried on. The medical director of the society is assisted in all of these activities by the executive secretary, who is usually a psychiatric social worker. The state societies may also organize and direct psychiatric clinics of their own in which the case-work is carried on by the psychiatric social worker, and she is often called upon to handle case-work problems of patients who are referred directly to the headquarters of the society.

In Connecticut, the executive secretary has the general administrative and educational duties of the organization and cares for out-of-town cases that are referred to the New Haven office. Social service for patients attending the several clinics of the society is carried on by a case supervisor, an assistant case supervisor, and a field secretary. The policy of the Illinois Society has been to emphasize educational and demonstration work rather than to establish permanent clinics. The organizer of psychiatric social work has devoted half of her time to consultation on special problems with the case-workers of a family agency in Chicago in order to bring about a better understanding and application of psychiatric principles. She is assisted by a psychiatric social worker who carries on case-work with patients who come directly to the society, and who has been making a demonstration of the functions of psychiatric social work in an adult neuropsychiatric clinic. A demonstration of the application of psychiatric social work in the schools has recently been begun, with the coöperation of the board of education and the establishment of a psychi-

atric unit consisting of a psychiatrist, a psychologist, and a psychiatric social worker in one of the large high schools in the city.

*State departments of mental diseases.*—In addition to a well-organized state society for mental hygiene, Massachusetts has a state department of mental diseases which employs psychiatric social workers in three divisions of its work. Social workers in the division of feeblemindedness are supervising feebleminded persons under its control in the community, social workers in the division of mental hygiene are connected with the habit clinics that have been established in various parts of the state, and social work is about to be started in the newly created division for the examination of prisoners. These workers are under the general supervision of a director of social work who also supervises the social workers in the state hospitals. Her functions there are to standardize the work of the various hospitals and to further the employment of trained personnel. A psychiatric social worker is employed in the Connecticut State Department of Health, whose work includes educational activities and assistance to various communities in the establishment of their own psychiatric clinics.

*United States Public Health Service.*—The psychiatric social worker is also recognized by the United States Public Health Service, under which there is one position in Boston with the title of psychiatric social worker in field investigation of mental health. The work includes investigations of social conditions affecting mental health and collection of the social data required for medical studies in this field. The qualifications for a civil-service appointment in psychiatric social work include three years' college training or its equivalent, graduation from a recognized course in social work of at least nine months' duration, with one year's experience in psychiatric social work, or graduation from a course in psychiatric social work of at least nine months' duration, with one-half year's experience in psychiatric social work.

### PROFESSIONAL ORGANIZATION AND PLACEMENT BUREAU

The psychiatric social worker is looking not only to the psychiatrist and to other social workers for guidance in her

problems, but is recognizing her own responsibility in maintaining standards and interpreting the field of psychiatric social work. This has resulted in the forming of a professional organization of psychiatric social workers known as the Section on Psychiatric Social Work of the American Association of Hospital Social Workers. This organization now has an enrollment of seventy-six members who have met its requirements of training and experience. Graduates of recognized training courses in psychiatric social work of not less than nine months' duration are eligible after they have held a position in psychiatric social work for one year; graduates of other recognized training courses in social work of not less than nine months' duration are eligible after they have had six months or more apprentice training in psychiatric social work and have held a position for at least two years; and persons who have not taken formal training, but have met certain educational requirements and substitutes for training are eligible after four years of successful accomplishment in psychiatric social work. The active work of the section is carried on by its officers and committees and two meetings are held each year, at which reports are presented and various phases of psychiatric social work discussed.

Psychiatric social workers are also affiliated as individuals with the American Association of Social Workers, and applications for workers or for positions in psychiatric work are handled through the vocational bureau of this organization. There is a constant demand for trained psychiatric social workers for state-hospital positions and for Red Cross positions in Veterans' Bureau hospitals, and at any one time there usually are several other openings in hospitals, children's clinics, or other centers of work. New positions are being created rapidly which more than absorb the increase of workers coming annually from the schools of social work and college graduates who have received adequate professional training are needed for positions in this field.

# ABSTRACTS

WHAT IS MENTAL HYGIENE? A DEFINITION AND AN OUTLINE. By E. Stanley Abbot, M.D. *The American Journal of Psychiatry*, 4:261-84, October, 1924.

The purpose of this paper is to present a comprehensive and constructive conception of mental hygiene from the biological point of view—that is, from the point of view of man as an organism whose life consists of a series of more or less successful adjustments to his environment. Dr. Abbot defines mental hygiene as a science, an art, and a movement whose objects are (1) to secure for human organisms the best possible endowment of the mental capacities, tendencies, and activities involved in efficient human living and the best possible development and use of such capacities; (2) to prevent the impairment of these capacities; (3) to restore them if impaired; (4) to develop compensating activities when restoration is impossible; and (5) to provide for the handicapped the most favorable conditions possible during their period of incapacity. The remainder of the paper discusses in detail each of the three phases of mental hygiene—the science, the art, and the movement.

*Mental Hygiene as a Science.*—The questions with which mental hygiene as a science is concerned can be divided into two groups—those that have to do with the environment to which human beings must adjust, and those that have to do with the mind by means of which the adjustments are made.

The elements of environments are (1) the energies or forces of nature which we sense directly or indirectly, (2) the concrete or tangible things that we perceive, and (3) the intangible or abstract things that we apprehend, which may be subdivided into (a) the ideas, affective states, manner, and behavior of the persons around us, rules, laws, and so forth, and (b) the relations between the foregoing. These elements in various combinations make up situations and events. The environment is never exactly the same in all respects for any two persons, nor for any two consecutive moments for the same person. There is thus an infinite variety of environments or environmental situations, some easy and pleasant, some hard, even intolerable. The most important from the point of view of mental hygiene are those in which the individual is called upon to face inadequacies in himself, adverse comparisons of himself with others, unjust treatment by others, the necessity of making difficult decisions, and so forth.

In regard to our minds, there are a number of questions for mental hygiene as a science to study:

I. What are they? While realizing that opinions on this point differ widely, Dr. Abbot suggests tentatively that our minds consist of certain capacities, tendencies, and activities, and their records in us. These capacities and activities fall into the following large groups:

A. The driving forces in our lives, consisting of (a) the fundamental and primitive urges common to all living creatures—to exist, to be active, and the like; (b) the instincts, or tendencies to use inherited structure in ancestral ways, chief of which are the acquisitive, the self-protective, and the sex; (c) the desires and wishes, such as to get relief from present discomfort, to avoid impending discomfort, or to secure positive enjoyment.

B. The receptive capacities and activities—sensing, perceiving, and apprehending—by means of which we receive information as to ourselves and our environments.

C. The thinking capacities and activities, by means of which we use the material supplied by the receptive and other activities to understand and come to conclusions about ourselves and our environments. They include all such processes as recalling past impressions and relating them to one another or to the present, forming concepts and judgments, reasoning, theorizing, dreaming—in fact all the processes known as thinking, whether voluntary, controlled, or directed or involuntary, whether "conscious" or "unconscious". The results of these activities are recorded in us as ideas, opinions, beliefs, resolutions, and so forth.

D. The affective or emotional capacities and activities—our "feelings". These may be roughly divided into (a) emotions—joy, fear, anger, and so forth—comparatively intense, but usually brief reactions to immediate situations; (b) moods, such as anxiety or depression—less intense, but more enduring reactions to more remote situations; and (c) sentiments—such as patriotism—and affective attitudes —antagonism, pessimism, and so forth—which consist of associations of feelings with certain ideas. Emotions enter largely into our intellectual attitudes, points of view, prejudices, and beliefs. They also facilitate or hinder other types of mental activity. They are expressed by reflex, involuntary, and voluntary motor action and glandular secretions.

E. The executive capacities and activities by which the other capacities are actually put to use in various acts of adjustment to the environment—*i.e.*, in the carrying out of our plans and purposes or in the inhibiting of tendencies to action. These executive powers may be exerted both in the motor field—in overt acts or in the control of

expressions of emotion—and in the thinking field, in the direction and control of thought and so forth.

F. The records or impressions made upon us by all these activities, the "engrams", "psychograms", memories of our experiences and their settings. Some of these we can recall and some not, but even those we cannot recall enter as factors—often very important factors —in the mental mechanisms of behavior. Therefore, they also, as well as the five types of mental capacity or activity already discussed, are dynamic.

II. How do we get our minds? The answer is twofold: through heredity, so far as they are capacities and tendencies, and through experience so far as they are activities and records, though even as activities they have to follow ancestral patterns, probably to the degree to which the structures upon which they depend—the nervous systems and their connections—resemble the parental structures. Mental hygiene as a science is concerned with the effects of eugenics upon the inheritance of mental capacity and of environmental conditions upon the development of mental activities and memories.

III. How do our minds develop? The development of the mind resembles the development of the body in passing through stages that are suggestive of the adult attainments of remote ancestral forms, the mind of the civilized child, for example, bearing likeness to that of adults of primitive stocks. The various capacities are present in embryo in the infant and develop with its growth, the capacity to direct motor activity, for instance, developing from the few instinctive and uncoördinated movements of the baby, through the comparatively simple coördinations of childhood, to the fine coördinations required by the skilled occupations of adult life. And the same with the other capacities. "By the use of these developing capacities the individual grows from complete dependence, through partial dependence, to complete independence; from utter selfishness, egoism, 'narcissism', through extension of love object to parents, to adult sex interests, and sublimations." The stage of development reached by these various capacities and acquirements in any particular individual can be roughly determined by special tests, but much further study of them is needed.

IV. What are we who have minds? Each of us is a unique combination of capacities, tendencies, and acquirements, which make up his character or personality. This or that capacity is strong in one man, weak in another; the acquirements of this man may be biologically and socially good, and the acquirements of that man poor; experiences and complexes may be of a helpful or a harmful nature. There is great diversity also in the uses we make of our various

capacities and acquirements—our way of handling our daily tasks and our difficult situations. A few more or less accurate tests have been devised to measure these personality traits, but most of them must still be estimated by observation. Here, too, much further study is needed.

V. What do we do with our minds? We use them to make adjustments to our environments. Every change in our environments—and they are constantly changing—must be met by some adjustment, but we can often exercise some choice as to what the adjustment shall be. All adjustments have both internal (mental, physiological, and physical) and external (behavioristic) components. The internal mental components involve both the conscious use of the mental capacities already discussed and of those other mechanisms, usually with a large affective element, of which we may be partly or completely unconscious (attitudes, prejudices, complexes, and so forth). The physiological and physical components consist of the nervous, circulatory, secretory, etc., activities, and the motor reactions involved in our behavior. The external adjustments constitute our behavior and range all the way from simple reflex responses to the multiform activities involved in supporting oneself and perhaps others for a series of years. Mental hygiene as a science is interested in the intricate systems of mental mechanisms that lie back of behavior—in other words, the way we use the capacities that we have.

VI. Maladjustments by normal persons. Maladjustments do not always indicate abnormality. None of us always makes the best use of the abilities he has or has the abilities to make the best adjustment called for by every situation. Most maladjustments in normal persons result from their failure to use capacities and acquirements that they have and can use. Abnormal people—people who are defective or ill—maladjust because they never had or temporarily cannot use some essential capacity or acquirement. Some of the maladjustments of normal persons are biologically disadvantageous to the individual. Failure to use the perceptive powers, for instance, may result in such acts as taking medicine out of the wrong bottle or shooting a friend with an "unloaded" gun, and failure to use the thinking capacities in throwing a burning match into a waste-paper basket or trying to cross a railroad track in front of a train. Other of these maladjustments are biologically advantageous to the individual himself, at least temporarily, but socially harmful—for example, stealing, forging, cheating, and the other delinquencies that may be committed by normal persons. These arise from failure to form or to use ideals of conduct which the individual is perfectly

competent to form and use. The obscure and complicated mechanisms that produce these failures are an important part of the subject matter of mental hygiene.

VII. Helpful factors. Much more stress has been laid upon factors that are harmful to mental health and satisfactory self-adjustment than upon positive, constructive factors. Among the latter the following probably are of great importance: a good endowment; good health; a good home; good schools; a good neighborhood; good working conditions; good recreational facilities; good companions; good employers or other official superiors; good information as to sex, health, and so forth; fair treatment by others; good habits, attitudes, ideals, and ambitions.

VIII. Harmful factors. Study of the factors that lead to inefficient lives belongs rather to such sciences as psychiatry, sociology, and criminology, yet mental hygiene also must take note of them. They include poor heredity; bad environmental conditions; unfortunate experiences, such as sex traumata or other affective shocks; and bad personal habits—*i.e.*, alcoholism and other forms of self-indulgence, poor attitudes, and the like. The effects of these factors may be various degrees of mental disease or mental defect, delinquency, dependency, or general inefficiency. Preventive measures must be sought through studies not only of individuals, but of communities. Treatment of the results of these harmful factors belongs properly to the sciences already mentioned—psychiatry, sociology, and so forth. Its object is to help the patient to understand himself, to make proper substitutions for the things he cannot or should not do, to find compensations for handicaps, and to sublimate his ungratifiable desires.

*Mental Health as an Art or Practice.*—This phase of mental hygiene deals with the application to the actual problems of living of the facts and principles collected and formulated by the science. They are applicable to and by institutions and organizations (schools, industry, the courts, penal and reformatory institutions, hospitals, orphanages, the church) and individuals (parents, children, teachers, employers and employees, physicians, clergymen, lawyers, and citizens in general). The fundamental principles of mental hygiene are applicable to all these groups, but each has also its special needs and opportunities.

*Mental Hygiene as an Organized Movement.*—Dr. Abbott traces the mental-hygiene movement from the founding of the Connecticut Society for Mental Hygiene in 1908 and of the National Committee in 1909 to the time at which his paper was written, when mental-

hygiene organizations had increased to 22 state societies and 9 national organizations in this hemisphere, Europe, and Africa. He outlines the aims and accomplishments of the National Committee and the various state societies and concludes with a brief summary of what yet remains to be done.

Revery and Industrial Fatigue. By Elton Mayo. *The Journal of Personnel Research,* 3:273-81, December, 1924.

The experiment discussed in this paper was conducted in a textile mill which Professor Mayo was asked to investigate because of an unusually high labor turnover in the spinning department—about 250 per cent per year as compared with 5 or 6 per cent in the other departments.

Investigation showed that while the spinners had the same working hours as the other operatives—ten hours a day for five days a week—their work was very monotonous and tended to produce postural fatigue. Observation and conversation with the workers revealed the facts that practically all of them suffered from foot trouble and many of them from neuritis and that their reveries were monotonously and uniformly pessimistic. Their opinion of their work was low—"You need strong legs and no brains for this work"—and it was not an uncommon thing for a worker to flare out into apparently unreasonable anger and throw up his job.

It was decided to try the experiment of giving one team of workers—about one-third of the total number—two or three ten-minute rest periods both in the morning and the afternoon, permitting them to lie down and instructing them in the best methods of relaxation. The idea was to give them relief from postural fatigue and to interrupt, if only temporarily, their gloomy reveries.

The experiment was an immediate success. With no decrease in production, the symptoms of gloomy preoccupation vanished, the labor turnover ceased, and the morale of the men was greatly improved. It was felt that these marked effects could not be due merely to the elimination of physical fatigue. In the first place they showed themselves immediately, while, according to investigators such as Myers and Vernon, relief from physical fatigue is not expected to show for about two months. In the second place, the improvement in morale seemed to extend to workers not on the team.

Pleased with these results, in October 1923, the management put the rest-period system into effect throughout the whole spinning department. This made it possible to measure the effects of the system upon the productivity of the department. The company have devised a scheme for estimating productivity in terms of efficiency percentages.

Each department is asked to reach an average of 75 per cent a month in return for the flat-rate wage. For any percentage over 75, every man in the department is given a corresponding percentage of increase in his wages as a bonus—5 per cent if the department averages 80 per cent, 10 per cent if it averages 85 per cent, and so forth. Before the institution of the rest-period system the spinning department had never earned a bonus. In October, the month in which the new system was put into effect, the efficiency percentage rose to 79½, in November it was 78¾, in December 82, in January 78¾. In the middle of February, owing to a heavy demand for goods, the system was abandoned for a week, at the end of which Professor Mayo found that the old pessimistic reveries had returned, accompanied by some of the old symptoms of fatigue. He did not know until later that a sharp fall in productive efficiency was taking place at the same time, but on the basis of the symptomatic revery alone, he demanded and secured from the management the resumption of the rest periods. Productive efficiency promptly rose, bringing the February average up to 80 per cent.

In March the percentage dropped to 70 per cent, due to a recrudescence in absenteeism, which had notably diminished since the previous October. It was suggested that this might be explained by the fact that the rest-period system had not been put into effect as originally planned—that the men, instead of being given a certain definite number of rest periods which they could count upon at set periods during the day, were required to "earn" their rest periods, being allowed to rest only after a certain operation had been completed. Up to March this modification of the system had worked fairly well. On some days the men had only two rest periods, but for the most part they had three or four. In March, however, the incidence of rest periods became very irregular and uncertain; on one day some of the men might have no rest periods at all, others two or three, rarely four. The recrudescence of absenteeism meant that the men were taking their rest periods in the form of "missed days", which resulted in chaos in the factory and did not fulfill the purpose for which the rest periods had been instituted. Professor Mayo pointed out that an important feature of the plan was the systematic allotment of the rest periods, so that a man would know, when he entered the factory in the morning, that he would have a certain number during the day.

The president of the company therefore ordered that during the month of April all the spinning mules should be shut down for ten minutes four times a day, and that all the men, including the foremen, should lie down and relax as they had been taught. There were very few who believed that production could be increased by this method,

even the men themselves feeling that the forty lost minutes could never be made up. But the April percentage was 77½, a gain of 7½ per cent over March, and at the same time the symptoms of pessimistic revery had again disappeared and the morale of the men had greatly improved.

In May, there was a return to the alternating rest periods, with the difference that the men themselves were allowed to choose the method of alternation, the only proviso being that each man was to have at least four periods a day. The percentage for this month was 80¼. In June it reached the record of 85 per cent. It dropped to 82 in July, owing to the heat and other difficulties, but in September it rose again to a new high record—86½ per cent. Professor Mayo feels that the greater progress from April on was due to the effect upon the men of the absolute certainty that they would have a minimum number of rest periods a day.

The increase in productivity, however, was really only a by-product of the experiment. It was no less successful in its primary purpose; during the twelve months of the experiment, there was no labor turnover at all. That does not mean that no worker left the factory, but that the labor turnover as an emotional and temperamental problem had ceased to exist. The morale of the men had improved, physical fatigue and absenteeism had diminished, and the attitude of the men toward their work was cheerful and normal. The management was so thoroughly convinced of the value of the system that they decided to purchase army cots for use during the rest periods, experience having shown that the benefit is directly proportioned to the completeness of the relaxation.

Professor Mayo feels that the investigation was of value also in its bearings upon the much discussed question of the effects of monotonous work upon the worker. The conclusion to be drawn from his results seems to be that the crux of the matter is not the kind of work, but the kind of mental preoccupations induced in the worker by the conditions of his work.

"Speaking generally, it may be said that an individual's daily work or avocation may serve to minimize or to intensify any preëxisting tendency to pessimistic or paranoid meditation. Every one, worker or executive, probably carries with him a private grief or discontent. Wherever the conditions of work are unsuitable, physically or mentally, the immediate effect seems to be an increase of pessimistic or bitter reflection. The opinion of the worker as to the suitability or otherwise of his working conditions is apparently of no value in this respect. A given worker may believe that he is content with his job because of the revery that preoccupies him. This same revery may nevertheless tend to unfit him as a producer or as a citizen and father

or both at once. And if the worker is not content with his job, he is usually as powerless as the executive who commands him to define the ground or cause of his discontent. It is not monotony in itself that is necessarily bad, but rather repetitive work under conditions that make for the development of pessimistic or other abnormal preoccupation. . . .

"Work in the factory or machine shop may be various and interesting; it may also be, and very often is, extremely monotonous and depressing. Given that a person of average ability is continuously employed upon a job of extremely repetitive type after the advent of physical fatigue, then a situation is created exactly similar to that described by Janet and Freud as liable to give rise to functional mental disorder. It is difficult to avoid the conclusion that the most fertile cause of industrial and social unrest lies here."

Better Statistics of the Feebleminded. By Horatio M. Pollock, Ph.D. *The State Hospital Quarterly,* 9:544–48, August, 1924.

A short discussion of the function of statistics introduces this plan for a more extensive and more adequate use of statistical methods in the study of feeblemindedness. Statistics are not an end in themselves, Dr. Pollock points out, nor are they compiled simply to fill out annual reports; they are valuable in so far as they give accurate information with regard to large groups of persons or phenomena, revealing trends and laws of cause and effect that could be discovered in no other way. Business organizations—banks, bond houses, life-insurance companies, industrial and commercial establishments—are compiling statistics to serve as guides in the conduct of their undertakings. Even in professional baseball, success and popularity depend largely upon the careful statistical records that are kept of each game and each player.

In comparison with this rapid development of business statistics, social and institutional statistics are sadly behind the times. Understanding and treatment of the problem of feeblemindedness have made wonderful progress in the last twenty years, but the work has been handicapped by the lack of available data concerning the feebleminded in both state and nation. The Federal Census Bureau has had little success in its attempts to enumerate the feebleminded persons in the general population. Such attempts were made in the decennial censuses from 1850 to 1890, but the results were neither accurate nor complete, and since 1890 the bureau has confined its studies to feebleminded persons in institutions.

A noteworthy advance in this field was made in 1920 when the Association for the Study of the Feebleminded adopted a uniform plan for the compilation of statistics of feebleminded persons in

institutions. Every effort should be made to extend the use of this system to all state institutions for feebleminded persons, as much of its value will be lost unless full coöperation can be secured.

Much more information about feeblemindedness than has hitherto been available will be given in the census now being compiled in Washington. "First admissions will be separated from readmissions and transfers, and the degree of mental defect of admissions and of the institution population will be given. The comparative extent of mental deficiency among various races and nationalities, among native and foreign born, and among dwellers in city and country will be shown more completely than ever before. Another noteworthy feature of the forthcoming census report will be comprehensive comparative data relating to the finances and personnel of the institutions."

From the point of view of eugenics, reliable data with regard to feeblemindedness, both in institutions and in the community, are earnestly to be desired. The obstacles in the way of an adequate enumeration of feebleminded persons outside of institutions are at present too formidable to be overcome, but such an enumeration is a goal to be striven for.

In the development of institutional statistics, two steps should be taken: "First, central bureaus for the compilation of such statistics should be established in every state in which they are now lacking. Secondly, such bureaus should make uniform annual reports to the Federal Census Bureau, which in turn should combine the several state reports into one comprehensive annual statistical review. The advantages to be derived from such a plan may be briefly summarized as follows:

"1. The several institutions would be relieved of the burden of compiling and publishing annual statistics—statistics that at best are too limited to have much significance.

"2. Central state bureaus with expert staffs and adequate equipment could easily tabulate the annual tables, and, in addition, could make valuable research studies from the vast amount of statistical material at their disposal.

"3. Data needed by state, governmental, and social agencies would be readily available.

"4. An annual statistical review giving comparative data of the institutions in the several states would prove a great aid and stimulus to institution superintendents and to legislators in the several states.

"5. People specially interested in any branch of institution work, and the public generally, would be able to obtain definite information in answer to any reasonable question they might ask."

# BOOK REVIEWS

THE CHILD: HIS NATURE AND HIS NEEDS; A SURVEY OF PRESENT-DAY KNOWLEDGE CONCERNING CHILD NATURE AND THE PROMOTION OF THE WELL-BEING AND EDUCATION OF THE YOUNG. Edited by M. V. O'Shea. Valparaiso, Indiana: The Children's Foundation, 1924. 516 p.

The aim of this admirable volume, in the words of the editor, is "to sum up and apply what is known regarding the nature and the physical, intellectual, social, and moral needs of childhood and youth". "The Children's Foundation has addressed itself to the task of bridging the gulf between knowledge and practice in respect to the care and culture" of children.

The book is divided into three parts and discusses the present status of our knowledge of (1) child nature, (2) child well-being, and (3) education. Specialists in various departments of child study have contributed articles dealing with the child's instincts and impulses, his active nature and needs, the development of intellect in childhood and youth, the child's moral equipment and development, and so forth.

The first chapter, by Professor Baldwin, of the University of Iowa, is entitled *Bridging the Gap between Our Knowledge of Child Nature and the Training of Children.* Professor Baldwin calls attention to the fact that at present "we have sixty national organizations to promote child welfare and thousands of persons engaged in this praiseworthy activity, but the number of organizations devoted to research in this field is limited to very few". He cites, as the outstanding recent writers who successfully combine theory and practice in child development, James, Dewey, Hall, Thorndike, Binet, Stern, Bagley, and Terman, and refers to William James's *Talks to Teachers*—"the first distinctive book in educational psychology in this country"—Dewey's *School and Society,* G. Stanley Hall's *Youth,* Thorndike's *Principles of Teaching,* Binet's *The Development of Intelligence in Children,* Stern's *Psychological Methods of Testing Intelligence,* Bagley's *Educative Process,* Terman's *Measurement of Intelligence,* and so forth.

He discusses briefly the Dalton Plan, which "provides for the various phases of individual development", the Batavia Plan, the Winnitka System, the Mannheim System, the platoon school—"com-

bining social participation and theory''—and the two- and three-track plans.

He points out that ''the purpose of educational psychology is to analyze, classify, describe, explain, and evaluate educational processes in the child in order to discover principles of child development and to bring the child into situations that will stimulate and foster good mental and physical growth''.

He goes on to discuss the development of laboratory experimental schools like those of Pestalozzi and Froebel and refers to the Francis W. Parker School in Chicago, which emphasizes community life and the formation of character, and to observation schools and pre-school laboratories.

He then takes up the question of the study of the physical development of the child, gives sample weight-height-age tables and charts curving individual growth, and discusses the relation of mental to physical growth and the application of the principles of mental and physical growth to the promotion of children in school.

Mary T. Whitley, of Teachers College, Columbia, in a chapter entitled *The Child's Instincts, Impulses, Active Nature, and Needs,* discusses the commonly observed likes and dislikes of children, and the means of encouraging and strengthening desirable reactions and right impulses, stressing satisfaction or reward and stimulation. She warns against bad training, inculcating fear, the fighting response, and the disposition to whine and to complain by rewarding these undesirable tendencies. She considers the various ways of redirecting tendencies by substitution and sublimation. She cites Watson's view that rage, love, and fear are *the* three typical modes of behavior—*i.e.*, ''fundamental trends''—and goes on to enumerate the ways in which children's tempers may be spoiled, and the logical modes of dealing with anger.

She takes up the three periods in the sexual life of a child—(1) ''the neutral period'', from birth to about the third or fifth year; (2) ''the undifferentiated period'', lasting up to puberty; and (3) ''the developmental period''—and gives the outstanding characteristics of each age, referring to the origin of bad sex habits, perversions, and the like, and going on to consider some of the emotional phases, including ''crushes''. She discusses the direction of the sex instinct and warns against repression of it, pleading rather for substitution and sublimation, as in athletics and in various forms of creative work, in art, music, craftsmanship, writing, and so forth.

She cites fright in childhood as a source of maladjustment and discusses children's fears and the fact that ''the obsessions, phobias, and horrors of 'nervous' adults are almost always traceable to some

early childhood experience". "Fears must be met in the open and conquered, rather than suppressed."

From an admirable discussion of fears and methods of dispelling them, she goes on to consider "the instinctive desire to acquire and own things" and its relation to a child's sense of self and group consciousness. She next discusses motor abilities at different periods of childhood. This chapter is of practical value as an aid in checking up as to whether or not a child is being unduly pampered, waited upon, and babied. It is helpful as a guide in child training and in the choice of games and occupations appropriate to various ages and needs.

Her treatment of the whole subject of the child's play life is a happy and valuable contribution. She stresses the need for greater space, for more time and less pressure, for playfellows and suitable toys. "It is the joy in activity that is the essence of play, not mere passive admiration of a technical perfection." She cautions against "bossing" and recognizes "freedom of choice" as essential. She points out sex differences and their bearing upon the determining of types of activities, and also brings out the educative and moral values of various types of play.

The development of the intellect in childhood and youth is taken up by Professor Dearborn, of Harvard University, who discusses the work of Binet, Simon, Kuhlmann, and Terman and the standardization of mental tests; also the need of a correlative study of physical and physiological development. He cites interesting cases.

Henry Neumann, of the Ethical Culture School of New York City, discusses the child's moral equipment and development. He emphasizes the fact that "there is no such thing as a distinct training in character apart from the rest of the child's development", knowledge, feeling, habit, and physical condition each playing a part. He enumerates the various normal desires which can be wisely directed in such a way as to further moral growth. He also shows what "resources from without" can be employed in the development of worth-while inner tendencies, of self-reliance and a sense of responsibility. He warns against negative suggestions and "horrible examples", and emphasizes trust in the child's better nature.

"The child is neither an angel nor a demon, but a being with all sorts of native propensities whose outcome is shaped by the direction in which we guide them."

Frederick E. Bolton, of the University of Washington, contributes a chapter on the social traits of childhood and youth. The term *social* he uses in two senses—"to designate (1) the primitive, crude beginnings of social consciousness" and (2) "social consciousness of

a high order, involving altruism, morality, true citizenship, and religion". He discusses the relation of instinct to social traits and takes up gregariousness and social traits among primitive peoples.

He treats of imitation in earliest childhood and in adolescence, and of language as a social development. He calls attention to the child's love of approbation and desire to excel and the good uses to which these qualities may be put. He gives interesting illustrations of school activities that utilize the gang spirit and make for efficient citizenship and healthy altruism.

E. A. Kirkpatrick, director of the child-study department of the Massachusetts State Normal School at Fitchburg, deals with the child's mastery of the arts of expression—language, drawing, and music. He points out that "the chief fault of both class and individual teaching is calling attention to errors. . . . Negative directions always do more harm than good. . . . In practice accuracy should be sought before speed."

The second part of the book treats of the present status of our knowledge of child well-being. Dr. Goddard, professor of psychology at Ohio State University, makes the first contribution to this section of the work. He brings out the facts that "the gap between our knowledge of child well-being and our actual care of the child is enormous, and that many of the most serious problems (as, for example, crime) are increasing in magnitude and complexity". He feels that most of the present social, intellectual, and moral irregularity are attributable to our faulty care of the young. He points out that moralists oftentimes spend their energies in tilting at windmills instead of ferreting out the source of the trouble. He stresses the differences in personality make-up and endowment of individual children and hence their different needs, which are at present being inadequately met, and gives illustrations to bear out this point. He shows that we need special classes for the bright as well as the dull child, and that our problem is to develop in the child a group consciousness, to modify his instincts in the interests of the group. He deplores our unsound methods in the training of psychopathic, unstable children, for whom very different treatment is indicated than that which they get in most cases.

Dr. Emerson, of Tufts Medical School, considers the relation of nutrition to mental development and summarizes the findings of Baldwin and others in regard to physical growth and school progress. With improvement in nutrition we hope for increased power to function "rather than an increase in native ability".

He gives as the essentials of mental health (1) the teaching of *obedience,* (2) mothering, (3) regularity, and, later, responsibility,

and emphasizes the need of a good home environment where the force of example plays as important a part as does training.

He calls the pre-school age the most neglected period of life, and urges a "broad nutrition program in the school system". He tells of the epoch-making work done by nutrition classes in overcoming malnutrition and thereby promoting mental health.

Dr. White, of St. Elizabeths Hospital, Washington, contributes a chapter on the mental hygiene of children of the present day, endeavoring to interpret the child to his elders. First he shows that "the child thinks differently from the adult", but his ways of thinking and of feeling are within our power of comprehension if we make adequate effort to understand them. For one thing, the child is exceedingly alert and very impressionable; with a given endowment he is ever trying to adjust satisfactorily to his surroundings, he is plastic, and hence childhood is "the golden period for mental hygiene".

Parents do not *own* their children, but rather have them in trust and are being held more and more accountable for the reactions shown by these children. The parent is taken by the child as a model to be emulated as closely as possible, and therefore exerts an immeasurable influence by what he *is* more than by what he *does*. Dr. White points out the fallacy of an attempt on the part of parents and teachers to mold the child's personality in the form that *they* conceive to be the right one. Owing to the complexity of personality make-up, this usually proves to be wrong. He stresses the truth that the impetus and initiative must come from within the child himself. He discusses the various forms of mental and nervous illness shown by children owing to many factors that lead to maladjustment, including faulty environment and parental training. He cites very instructive cases and pleads that parents honestly examine their own reactions as well as those of their children, since the explanation of the child's inferior habits may be thus discovered.

Dr. Winslow, professor of public health at Yale Medical School, takes up the prevalence and cure of sense defects—defective teeth, sight, hearing, and so forth—and gives the percentages of various defects found in average groups of American school children, considering these in some detail and urging frequent medical examinations for the purpose of preventing damage incident to neglect.

Dr. Healy, director of the Judge Baker Foundation, Boston, contributes an excellent chapter on the treatment and prevention of delinquency. He discusses the favorable influence of a good environment in counteracting aberrant tendencies, and the undesirable influence exerted by certain personality traits of parents and of misguided

or inflexible teachers. He says, "With all the admiration which I have for the teaching profession and for most members of it whom I know, I sometimes am compelled to believe that the greatest requisite for good teaching is the fine personal influence that can come only through understanding the natural history of the child, and this must include appreciation of the needs and responses of the overly sensitive, the unstable, the psychopathic personality."

He stresses the need for delving into the ideation back of delinquent acts, the times and periods when these acts occur, and the attendant circumstances. He cites several interesting cases, takes up the question of treatment, and discusses the use and abuse of discipline and punishment.

The care of intellectually inferior and superior children is discussed by Dr. Gesell, of the Yale Graduate School, and Dr. Leta Hollingworth, of Teachers College, Columbia University. Dr. Gesell summarizes the psychological studies and the methods of ascertaining various degrees of mental defect. He stresses the need of recognizing defect in children of pre-school age that they may receive suitable training from the start and that patience and tolerance may be exercised. He recommends encouragement, a maximum of praise, and a minimum of scolding. He sees vocational training as of paramount importance. "All but the lowest grade of mentally deficient children are educable, trainable, improvable. We cannot make over a mentally deficient child into a normal child, but we can organize and condition his behavior in constructive ways."

Dr. Hollingworth discusses children of superior intelligence—*i.e.*, those who have an I.Q. of 130 or over. She points out that these "specially gifted" children are apt to be the youngest in their class; they learn as a rule rapidly and progress twice as fast as the average child; they are usually of superior physique, character, and temperament. They maintain their superior status and do not eventually become mediocre. They most often come of superior stock and have outstanding relatives, persons of merit and distinction.

Educational policy at present very inadequately meets the needs of these exceptionally endowed children. Hence their full capacities are not realized. An effort is, however, being made to correct this state of affairs and to furnish them with adequate opportunity for their maximum development.

Dr. Winfield Scott Hall, of Northwestern University, contributes a chapter on the adolescent. By adolescence he means "the three-year period of puberty and the four- or five-year post-puberty period". The pre-adolescent boy he describes as "a young barbarian, unmoral rather than immoral, unsocial rather than antisocial". The

mid-adolescent youth becomes "positively moral and ethical or immoral and unethical". The girl of mid-adolescence is oftenest an idealist and an altruist.

Dr. Hall discusses the rôle played by the internal glandular secretions in the physical, psychic, and emotional development of the two sexes. He makes a plea for control of the sex urge and for continence as "the ideal life during unmarried youth". After maturity is reached he sees in monogamous marriage the ideal relationship of the sexes. He discusses the dire results of the "social evil".

Some persons would take exception to his attitude toward the topic of masturbation. He uses the old term "self-abuse" and looks upon it as "an unnatural act" and "revolting". He even seems still to entertain the idea that "self-abuse" may possibly cause insanity! He also feels that both "self-abuse" and spontaneous nocturnal emissions following strong sexual excitement deplete one of manly vigor. He makes a plea for "the continent life, the life of no sex indulgence of any kind, as the only regimen that will keep a man perfectly fit physically". Dr. Hall's views upon these subjects will not find much support from other authorities. Dr. Hall also advocates circumcision of all boys during infancy, an extreme point of view with which many would not agree. He wisely urges frankness and truthfulness on the part of parents in meeting all questions asked by children on the subject of sex, the origin of life, reproduction, and so forth.

The third and last section of the book deals with the present status of our knowledge of education. Honorable John J. Tigert, U. S. Commissioner of Education, contributes a paper on the need of bridging the gap between our knowledge of education and our educational practice, and Professor O'Shea, of the University of Wisconsin, discusses the changing objectives in American schools, the changing courses of study, and methods of teaching and management. He also has chapters on promoting the health and physical development of school children and on extending educational facilities, opportunities, and requirements.

Commissioner Tigert points out that "the lack of a scientific method of attacking education has probably been the most outstanding difficulty in harmonizing knowledge and practice in education". "Sometimes knowledge is ahead of practice, and at other times practice is ahead of knowledge." He shows how conservatism has persisted in educational methods and has retarded progress. Another handicap is the fact that the control of education has been largely on a political rather than on a professional basis. He shows the urgent need for reorganization of the school curriculum in America, and emphasizes

the fact that there has not been proper articulation between the various parts of our educational system.

Professor O'Shea elaborates upon the theme that "while parents wish their children to study subjects which will be of value to them in their intercourse with people, still they have in view superficial rather than profound social adjustment", and such subjects as psychology and philosophy, designed to give an understanding of human nature, are infrequently elected in the colleges and universities.

He goes on to say that teachers and students of education primarily, and not parents or pupils, are determining the objectives in our schools to-day, and the one fundamental objective in American education is preparation for all the needs of actual life, including social adaptation and personal and civic relations.

He discusses the pruning out of all subjects that have held a place in our curricula heretofore solely for the disciplining of mental faculties. "The knowledge that will confer the greatest amount of culture upon the child is that which will enable him to interpret the nature and needs of the people among whom he lives, and to adjust himself to them in harmonious relations."

He tells of the "vigorous movement in the public schools to put all the work of home-making on a scientific and dignified basis, and of the debate taking place between the advocates of cultural and the advocates of vocational education". We favor in America learning "to do by doing". "Dynamic" education is coming more and more into vogue, rather than "static"; hence the striking changes in our methods of teaching.

He discusses the physical development and health of our people, the hygiene of our school buildings, and the protracted confinement in schools at sedentary occupations and brain work during the most active years of childhood. He takes up the question of the relation of malnutrition and nerve strain, and tells of the supplementary milk lunches supplied in schools to children who are under weight. He points to the tense pace of our modern life and the exciting influences of the street, and calls attention to the need for calmness, a quiet tone, and equanimity in both teacher and parent. There should be quiet periods of repose and relaxation during the school day.

Medical examination is the rule in all schools in thickly settled communities and in many rural ones, and physical education is part of the school work; physical development is furthered by the establishment of many playgrounds.

Dr. O'Shea questions why the study of physiology has so far been so barren of good results, and believes it to be because it has been too technical and too far removed from practical, everyday problems.

As a people we are rapidly extending our educational facilities, opportunities, and requirements. Our impressive school buildings dominate the landscape. We are acting on the principle that the well-being of a people depends upon thoroughgoing education of the young.

Professor O'Shea mentions the tendency to extension of the school year to an all-year school. He also refers to the present tendency to enforce compulsory laws more rigorously and to combat truancy, the ideal being to make the curriculum so attractive that even the most restless children will *elect* to go to school. The school age is being extended generally in this country, and the junior high school has been created, facilitating the transition from the elementary to the high school.

In addition to the original articles comprising this survey, there is also a full bibliography, and, finally, an appendix with short biographical sketches of the various contributors.

MARIANNA TAYLOR.

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THE MEANING OF MEANING; A STUDY OF THE INFLUENCE OF LANGUAGE UPON THOUGHT AND OF THE SCIENCE OF SYMBOLISM. By C. K. Ogden and I. A. Richards. New York: Harcourt, Brace, and Company, 1923. 544 p.

This book of Ogden and Richards is a very timely discussion of a very important theme. It is no less than an undertaking to establish how meaning came to be what it is, and necessarily involves an examination of language and symbolism. Language, as the most important tool of human communication, embodies all sorts of traditions which come to us from the past and which are responsible for much that is erroneous in our ways of expression and in our ways of thinking. Not the least important of these erroneous things is "the superstition that words are in some way parts of things or always imply things corresponding to them". (Page 19.) Owing to this superstition, the power of words is frequently exercised in a way that produces erroneous results, at least unless it is fully conscious, as it rarely is. The authors attempt not only to point out many of the errors that arise as the result of this superstition and other traditions, but to formulate them. They feel that "a new science, the science of symbolism, is now ready to emerge, and with it will come a new educational technique. Language is the most important instrument we possess. At present we attempt to acquire and to impart a knowledge of its use by mimicry, by intuition, or by rule of thumb, in contented ignorance of its nature." (Page 381.) They emphasize that,

aside from the use of language as having reference to some particular thing, language has an emotive function—that is, it tends to stir up certain affective responses, a function that every one knows more or less intuitively, but that is rarely consciously and intelligently utilized. Schuster has said that "a happy nomenclature has sometimes been more powerful than rigorous logic in allowing a new train of thought to be quickly and generally accepted". (Page 186.) Such emotive functions are, therefore, of extreme importance, particularly in initiating new ways of thinking.

Unfortunately the book as a whole presents its thesis in a form that makes it exceedingly difficult to grasp. The average reader will find the book the hardest kind of reading. There are two supplements, however, which are valuable and which do not present these disqualifications. Malinowski's article on primitive languages states the situation very much more simply and understandably when he undertakes to say briefly that the meaning of a word or an expression can never be understood if the word or expression is not considered in relation to the situation in which it occurs. For example, on page 456, he says: "But the object of a scientific translation of a word is not to give its rough equivalent, sufficient for practical purposes, but to state exactly whether a native word corresponds to an idea at least partially existing for English speakers, or whether it covers an entirely foreign conception. That such foreign conceptions do exist for native languages and in great number, is clear. All words which describe the native social order, all expressions referring to native beliefs, to specific customs, ceremonies, magical rites—all such words are obviously absent from English as from any European language. Such words can only be translated into English, not by giving their imaginary equivalent—a real one obviously cannot be found—but by explaining the meaning of each of them through an exact ethnographic account of the sociology, culture, and tradition of that native community." For him human speech is a mode of action rather than a countersign of thought, a mode of social action rather than a reflection of thought. The consideration of linguistic uses associated with any practical pursuit leads us to the conclusion that language, in its primitive forms, ought to be regarded and studied against the background of human activities and as a mode of human behavior in practical matters.

The supplement by Crookshank gives an excellent example of how failure to appreciate the function of language helps to confuse a specific problem in medical diagnosis.

William A. White.

*St. Elizabeths Hospital.*

PSYCHOLOGY AND PREACHING. By Charles S. Gardner. New York: The Macmillan Company, 1924. 389 p.

This book is in reality a textbook of psychology with specific application to the problems of the preacher. Professor Gardner shows an acquaintance with the science of psychology that must have been gained through serious and careful study of the many schools and fields into which psychology has become diversified. He knows the methods and results of the standard laboratory experiments. He has read, cogitated, and then formulated his own ideas into a rational system. In this book he attacks the main problems that present themselves to the preacher and applies sound psychological principles as an aid in their solution.

It is a rather fearless thing for a man to apply the principles of a science that tends toward mechanistic implications to a method of preaching. It is quite the antipodes of the ostrich method of hiding one's head under the cover of the sacred word and denying the facts of science. Psychology, in its more spectacular and superficial aspects, has of course been applied to preaching for centuries. But in this book the psychological stunts—stirring up intense and gesticulatory emotions, extreme reactions, theatrical suggestions—are cast aside. The tools recommended are reasoning, self-control, and the cultivation of a broad point of view. It is encouraging to know that in his capacity of professor of homiletics and sociology in the Southern Baptist Theological Seminary, Professor Gardner will influence to a considerable extent many of those who are going out into the preaching world.

Professor Gardner's psychology is eclectic. It cannot be called introspective, nor is it behavioristic. He has taken what seemed to him to apply to his problem, what he believed would be helpful to young ministers, without much consideration for the quarrels of contending schools. It is a pragmatic selection and serves his purpose well.

The author's method of presenting his material is first to attack a general subject—"images", "sentiments", "volition", or whatnot. He defines the terms, classifies, analyzes, and tries to see just how the mechanism works. He then applies the principles evolved to the field of preaching religion. Take as an example his chapter on feeling. He begins by distinguishing between feelings, feeling tones, and emotions. He shows the relation of feeling—which he defines as "the conscious side of emotion"—to the motor mechanism. Incidentally he points out that strenuous motor activity does not necessarily indicate depth of feeling. " Cultivated persons whose physical expressions are restrained and controlled feel more deeply than uncultivated persons

who practice little self-restraint. . . . As a rule it is not the person who is hopping or clapping his hands who really *feels* the joy or grief most keenly, but the quiet, self-controlled person at his side, in whom *conflicting and mutually hindering motor tendencies are aroused, resulting in a temporary state of organic tension and superseded action until rational processes intervene, resolve the conflict, and release the impulse through the selected motor channel or else inhibit it altogether.*'' This quotation is a fair example both of the style of writing and the manner of reasoning by which the author explains everyday observations in a vocabulary of modern psychology.

The James-Lange theory, Weber's law, and other well-known theories are introduced as a foundation for an application of the principles involved. The law of negative adaptation—becoming so used to a stimulus that it no longer arouses a response—explains why it is that often the preacher finds his congregation growing less responsive to an appeal that was once effective. ''How often does the politician find his audiences listening with increased coldness to phrases and slogans which once seemed to open as by magic the floodgates of political passions. . . . From this point of view, we may understand better the causes which are impelling so many preachers, especially evangelists, to the employment of 'sensational' methods. These adventitious and sometimes questionable devices may serve the purpose of inducing for the time being a heightened sensibility to worn-out appeals to feeling, but the law of adaptation cannot be successfully evaded . . . and the constant employment of such means of inducing temporary sensibility only makes more precipitous the way that leads down to insensibility.''

Throughout the chapter Professor Gardner's thesis is the union of reason and emotion. One should be sensitive to many shades of feeling, but they should be kept under the control of reason. Intelligence should enrich the emotional life. The preacher, above all, must possess the combination of intelligence and breadth of feeling that is synonymous with culture. His function is to promote ''a rounded and balanced culture'', for, ''it is the culture which develops the entire range of human capacities that brings the religious life to its highest fruition''.

The subject of assemblies, or so-called ''mob psychology'', is discussed. *Mental Epidemics* is another chapter heading. One chapter is devoted to the analysis of ''occupational types''. Here the author makes no attempt to ferret out the reason why any one should choose to study for the ministry, as one whose interest ran along psychoanalytic lines would not have neglected to do. But once the field is

chosen, he points out influences that tend to mold the behavior of ministers. Their economic dependence tends to make them fawn at times; their capacity of preaching to others makes them liable to the development of a dogmatic attitude; the old traditions of priesthood, which set the preacher aside from the laity or the "profane" and made him self-conscious, the very habit that he dons, influence his behavior and tend to make it stilted. Overcompensation for this stilted attitude may make him too ordinary, too free, and lose him the respect of his parishioners. His problem of adjustment is an extremely difficult one.

And he not only has to watch his own personality, but must also be conscious of the personality tones of his audience. The laboring man and his type are discussed. An attempt is made to show why the church is losing so many laboring men. One of the reasons assigned is the suspicious attitude of laboring men toward those who are financially supporting the church. Too often the pulpit has been made a tool in the attempt to reconcile the laboring man with his economic injustices. The business man, too, has a psychology and a spiritual need all his own. He thinks so much in terms of personal success from the point of view of power and financial supremacy that he has almost lost sight of his soul. He evaluates everything quantitatively. The preacher must be able to speak to each of these classes in terms that they can understand and apply to their everyday lives.

The intellectual level of the book is high. It will no doubt prove very helpful to students, and should stimulate them to a more detailed and careful consideration of the principles that modern psychology has to contribute. It should make their preaching more universal in its appeal and more sincere in its tone.

SADIE MYERS SHELLOW.

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MOBILIZING THE MID-BRAIN. By Frederick Pierce. New York: E. P. Dutton and Company, 1924. 259 p.

A volume of impressive size, largely due to the thickness of the paper, with an enticing title in screechingly large type on the outside cover. Apparently splendid salesmanship and a good eye for advertising allied themselves with the content of the book to further its sale. From the foreword by the author, one gathers that the immediate inspiration of this product was the overwhelming success of Coué's auto-suggestion method, condemned by this author as unscientific and based merely on affirmations.

That Mr. Pierce has a good scent for what may be regarded as "engaging news" is obvious from the title, which promises that the

book will deal with the mid-brain. As a matter of fact, amongst the most startling contributions to the knowledge of the human nervous system made during the past twenty-five years are the physiologic and anatomic discoveries with regard to the mesencephalon. Sherrington of England, Magnus and De Kleyn of Holland, and their followers have opened up virtually a virgin region of neuro-physiologic mechanisms, the clinical significance of which cannot be overestimated. On the other hand, with very few exceptions (*i.e.,* decerebrate rigidity) thus far it has been possible to make very little practical clinical application of these discoveries.

Together with this progress in neuro-anatomy and neuro-physiology during the past quarter of a century, two other lines of endeavor stand out as marking an epoch in medicine—namely, psychoanalysis and endocrinology. It is with these three fields that the author deals in his book, with an air of finality that can come either from a lack of appreciation of the scope and the limitations of the subject or from too great an eagerness to further publicity.

The book professes to lay before the reading public, for its approval and to engage its following, a thoroughly tested out method based on a "liaison between psychoanalysis, endocrinology, and auto-suggestion", for the purpose of solving the neurotic problem. These are to be utilized by the sufferers on the basis of a knowledge of the nervous system, especially of the interrelation of the parts of the brain concerned with consciousness and the unconscious, respectively. Hence the anatomic title of the book.

To begin with, it is obvious that the author confounds the thalmencephalon—the seat of many involuntary neuro-muscular mechanisms, as well as of the centers of the higher vegetative nervous system and presumably also of the unconscious—with the mid-brain, which is rather a limited portion of the brain—an error that a first-year medical student would not be likely to make.

Secondly, he does not show the least understanding of what psychoanalysis is, and that in spite of the fact that he pays tribute to Freud as the founder of the new psychology. To this rather facile writer, who is not a physician, but who probably could write with the same facility on any other subject as on medicine, the contributions of psychoanalysis consist altogether of that phase of it which he is able to grasp—namely, topical aspects of the mind, consciousness and the unconscious, established some thirty years ago. All the subsequent development is clearly beyond him. And yet to judge from repeated references to "my pupils", "my clinics", "my lectures", the unwary would gather that he is a psychoanalyst, and

that all his drivel about it, as well as his extravagant claims of cures obtained, are to be laid at the door of psychoanalysis.

The chapter on glands and emotions deals with what is still scientifically as well as clinically disputable information as to the functions of the endocrines and their relation to mental states. The gist of it all is that much of the neurotic problem is reducible to an endocrinic exhaustion. This is hardly an effort at popularization of what is and what is not known of the endocrines. It is rather a grotesque attempt to simplify intricate scientific matters for the purpose of making a new method of cure negotiable.

The intellectual caliber of this work stands out clearly in the discussion of suggestibility. The "new method" is proffered without the slightest reference to the literature of the psychology of suggestibility, especially the work of Freud and Ferenczi. Claims to originality in having evolved postural states to further suggestibility are made without mention of Hirschlaff's and Maloney's contributions on relaxation exercises. And indirect suggestion is advanced as a revelation without a word of Sidis' study on this subject. Finally, how incongruous is the condemnation, at the beginning of the book, of formalistic affirmations used by the "cults", since an important feature of the "new" method of cure are incantations in anatomic terms. This sort of an incantation robs the Coué method of its naïveté and simplicity and substitutes a befuddling conglomeration of pseudo-scientific expression. Such is the "new" method of solving the neurotic problem.

It is hardly necessary to reiterate here how undesirable it is, for many reasons, for laymen to treat the sick, either in body or mind. Perhaps the only justification, if there is any, is that some sick persons find a certain comfort in cult procedures. But it is positively a vicious phenomenon that scientific simulations are flooding the book market as great revelations of panaceas. This can have only one connotation: if the problem of mental health is to be furthered by the education of the reading public, such books as this tend to obscure the issue. Perhaps no other remedy for the present state of affairs would be more effective than an increase of discrimination on the part of publishing houses, who serve as intermediaries in passing out to the public educational information on mental health.

ALBERT POLON.
*Columbia University.*

THE ELEMENTS OF VITAL STATISTICS IN THEIR BEARING ON SOCIAL AND PUBLIC-HEALTH PROBLEMS. By Arthur Newsholme. New York: D. Appleton and Company, 1924. 623 p.

This new edition of a work first published in 1889 has been entirely rewritten. It is designed for the special use of medical officers and

others engaged in health and social work who have to handle statistical data.

The author points out that the subject of vital statistics has developed greatly since 1889, and that the introduction of the more elaborate mathematical processes into the study of biological problems has repelled many hygienists from fruitful studies of local or other statistics which may be carried on without the use of advanced biometrical methods. He further states that much valuable statistical investigation is practicable, for which no larger outfit is needed than accurate medical knowledge, a willingness to undertake laborious calculations, and sound judgment in the collection of facts and the interpretation of results.

The book has two principal divisions, Part I dealing with many topics under the heading *Vital Statistics,* and Part II covering methods and miscellaneous subjects.

In the introduction, vital statistics is broadly defined as "the science of numbers applied to the life history of communities and nations. . . . It includes the whole study of man, as affected either by heredity or by environment, so far as the results of this study can be arithmetically stated. . . . It has its biological and social side, both of supreme value to the community."

The chapters that follow in Part I deal with the statistical problems related to census taking and to recording and reporting marriages, births, sickness, and deaths. The text is so clear and so free from technicalities that any intelligent person unfamiliar with statistical terminology could read it without difficulty. The rich experience and practical common sense of the author are impressed on every page. Were the principles and methods set forth in general use, vital statistics would be of much greater service than they are to-day.

Perhaps the most interesting part of the work is that which deals with factors that influence the death rate. The factors discussed include race, climate, season, poverty, housing, occupation, and alcoholism. A separate chapter is given to each of the last four items.

In discussing the relation of poverty to infant mortality, the author points out that poverty is a complex condition, including a number of elements, and it is important to determine what elements are most potent in producing excessive infant mortality. It is the duty of the health administrator to dissect out these constituent elements of poverty, to attack them individually, and not to be content with relieving destitution.

Referring to Professor K. Pearson's lecture on infant mortality

in three manufacturing towns (Eugenics Laboratory Lecture, Series III), Dr. Newsholme states: "The conclusion is reached that conditions of heredity—'nature value'—have at least 4.5 times the value of the 'nurture value', as tested by conditions like overcrowding, dampness, possibility of ventilation. The facts on which the correlations are based are not fully detailed in the above lecture; and the relatively insignificant place given by the correlation method to environmental conditions is so contrary to the experience of medical officers of health, which shows the great improvement securable in an infantile population by the application of personal, domestic, and municipal hygiene, that one must suspect the validity of the tests used in the investigation or the method employed in isolating them from other factors."

The second part of the book contains an exceptionally valuable chapter on the statistical study of causation, and this is followed by a chapter entitled *Correlation as a Measure of Factors Influencing Life.* The author discusses the work of Pearson and his associates and the criticisms of Keynes and Reid, and closes the chapter with this significant statement: "The views of the two extreme schools of thought quoted above may serve to illustrate the complexity of the statistical factors involved in social investigations, though they do not exhaust possible statements of the problem of inheritance.

"The general conclusion must be that great caution is justified, indeed necessitated, in the acceptance of correlations which are not *a priori* probable, and which may embody only a fraction of the factors involved. There are, of course, dangers of no less magnitude in qualitative inferences, which are apt to neglect cases not supporting a given contention; and the general thesis is incontrovertible that accurate measurements and quantitative comparison of homogeneous phenomena represents a great stride forward in science."

The book as a whole fulfills its purpose in a most admirable manner and will prove a valuable guide and reference work for all who have to do with vital statistics.

Horatio M. Pollock.

*New York State Hospital Commission.*

Theological Education in America. By Robert L. Kelly. New York: George H. Doran Company, 1924. 456 p.

The theological seminary is one of the oldest educational institutions in the United States. Harvard College was founded in 1636 primarily to furnish the American churches with an educated ministry. The Dutch Reformed Church established the first separate

theological school in the New World in 1774, and at the present time there are 131 Protestant seminaries of standing.

One might suppose that in the case of such an ancient institution many scientific analyses of equipment, method, and product would have been made, but as a matter of fact we have had almost no data on the subject. To fill this lack, the Institute of Social and Religious Research authorized Dr. Robert L. Kelly, the executive secretary of the Council of Church Boards of Education, to make a thoroughly scientific study, free from partisanship. The results are extremely valuable and deserve consideration from all who are interested in professional training. The average educator might suspect that with firm historical traditions stretching back into a denominational mold, the seminaries would have had difficulty in changing with the needs of our society. As a matter of fact, new methods and courses have come, but very slowly. At the present time fewer than one-third of the seminaries in the United States offer courses in "the rural church", while only nineteen offer work in "the church and industry". "The seminaries as a class of educational institutions do not offer clinical training to their students." It is very rarely that a student is really adequately trained in actual church work as an "interne" with an experienced minister. As for training in the field of mental hygiene or in any form of personality study, there is hardly a seminary in the country that has done much.

The study clearly shows that there are too many seminaries in the United States. The total enrollment of all the 161 combined is not as great as each of several of our larger universities. This inevitably means that the cost of the training is inordinately great. The United States Bureau of Education estimates that in 1919–20 the annual cost to society for public elementary-school work was $39 per child; for secondary-school work $127; for work in college, university, and professional school, $466. Dr. Kelly tells us that in 1920–21, the per capita cost of theological education ranged from $100 to $5,000. It seems probable that sooner or later the large interdenominational institutions will have a commanding place in the religious field and that seminaries with less than fifty students and five or six faculty members will be abandoned. The difficulty is largely one of denominationalism. As long as we have leaders of a particular faith feeling that they have in some unique measure God's saving truth as over against other church groups, just so long will each denomination have its own professional training school.

Dr. Kelly asks some exceedingly pertinent questions. Are the seminaries meeting their responsibility on the emotional side of life?

In medical education a failure to stress the psychic has been responsible for many healing cults. Has a similar lack in religious education multiplied the number of sects? Are the theological schools keeping pace with scientific thought, rightly harmonizing science and religion? Ministers must know how to use the methods and language of science if they are to capture the minds of men in our age. Are the seminaries really interpreting democracy? Do they have anything to say about social justice and clean government? Is it not the task of the church to help create good homes, healthy factories—in a word, the best possible communities? Finally, are the seminaries centers of intellectual and ethical power? Are they neglecting the prophetic gift in order to administer an ecclesiastic institution?

Not the least significant and valuable feature of the book are the seventeen charts showing the educational program of various institutions. There is also a detailed report on 100 seminaries as they were in 1922–23. It would have been helpful if the author could have summarized in more detail some of the pioneering work that is being done in clinical training and in the case method, together with the results so far achieved. It is unfortunate, too, that the study could not have included all the theological schools in America, whether Catholic, Jewish, or Protestant, and that it did not compare all of them with similar institutions in Europe. We ought to have a volume on theological education based on as thorough a survey as Dr. Abraham Flexner's *Medical Education, a Comparative Study.* This was written after visits not only to every medical school in America, but to the chief medical centers in Great Britain and on the continent.

With the time and money at his disposal, however, Dr. Kelly has made an excellent beginning, and with sectarianism as strongly entrenched as it is, the present study may accomplish as much as a more comprehensive undertaking. It remains to ask what outside agencies and individuals can do to help the theological seminary. It seems to the writer that they can do a great deal. For one thing, they can take an intelligent interest in the entire problem of theological education; letters can be written directly to the faculties of certain institutions suggesting advanced policies. Why should there not be a traveling lectureship on mental hygiene, for instance? At present, Fundamentalists are very insistent both by word and pen that no changes be inaugurated, while liberal faculty members find comparatively little support from outside sources, not because it is not there, but because it is inarticulate.

JEROME DAVIS.

*Yale University.*

Abnormal Psychology and Education. By Frank Watts. New York: D. Appleton and Company, 1924. 215 p.

This book, in its third edition, is one of *The Conduct of Mind* series, edited by Joseph Jastrow. Perhaps, when it first appeared in England, there was greater need for it than one feels there is at the present time in America, since we now have, both in popular and technical form, a variety of books that treat of the same material as this one, but in a more readable way, because less wordy and professorial in style.

There is little in this book that is original and a disproportionate amount of space is given to historical résumés of the development of psychotherapy and of educational methods for mental defectives. The subject matter is presented conservatively, and one agrees that the author has realized the hope expressed in his preface that he has given "a sober account of some modern developments in psychology and education".

The book has three main topics: (1) understanding and management of groups, through utilizing a knowledge of the herd instinct; (2) understanding the individual through the analysis of personality; (3) psychology of the defective mind.

There are many suggestions in the first section that undoubtedly will be helpful to teachers and parents. For example, in discussing the opposed tendencies to action furnished by suggestibility, sympathy, and imitation, on the one hand, and reflection and deliberation, on the other, the author states: "Obviously, it is essential, in the present stage of evolution, that neither tendency should wholly obliterate the other. Too much thought hampers decision; too little favors impetuosity. A community in which people did not respond to social suggestion readily and without reflection might find itself near extinction on many an occasion before it could rationally grasp its perilous position. Now, the fundamental method of every child's education in its early years is by imitative, non-rational absorption of the thoughts, feelings, and actions of others. Speech does not wait for an understanding of the rules of grammar or it would not develop at all. But, on the other hand, if a child depends always on the behavior of others for its cues to conduct, it will make very little mental progress, and probably never display any very noticeable initiative or ingenuity, which are the criteria of all true intelligence. Some children, for example, who are encouraged to ask questions in early life, develop the habit of doing so to an alarming extent, so that they arrive at a state of never bothering to think out problems for themselves, knowing that an inquiry addressed to a fond parent will invariably save themselves the trouble of thought."

One cannot agree whole-heartedly with such statements as the following: "The teacher must be capable of making vivid public examples of those of his pupils who are unwise enough to pay no heed to his warning, and so come to grief. He will never punish them, however, in a manner which is calculated to arouse the pity of others, for culprits should always be made to experience the pain of isolation from the sympathy of their fellows."

"The attributes and virtues of the successful crowd educator", as given by Mr. Watts, are interesting, but hardly stimulating. Besides having "foresight and wide experience", so that he may be able to "talk fluently upon topics of general concern as an authentic man", the teacher, we are told, "must have an impressive personality, must be able to energize his scholars. He must seek to exalt, never to depress. . . . He will take as his model the Friend of Sinners, rather than that austere and stern prophet who went about suggesting that all men were thoroughly wicked and calling upon them to repent because the day of doom was at hand."

The headings of the second section give a good idea of the subject matter: *The Reality of the Subconscious, Mental Dissociation and Its Cause, Dreams and Their Significance, Psychoanalysis and Word Association.* In view of the present-day interest in character training in schools, the following statement by Mr. Watts is pertinent: "The secret of sanity, as we may now see, lies in the subordination of the anarchic instincts of the mind to the desire for self-control, and the secret of a rational and a moral personality lies in the cultivation of ideals of social value within the self-regarding sentiment or complex. The educator will more and more, under normal circumstances, be compelled by the dictates of psychology and common sense to transfer his attentions and interests from the task of instruction, with its seemingly inevitable result, the cramming of ill-nourished minds with masses of undigested facts, and away, too, from the mere formal exercise of the reason, to the strengthening of ideal tendencies with the aim of building up stable and sane personalities. Ideas and facts will be of great value in this process, but unless it is realized that something over and above them is needed, to cement them, as it were, the work of the teacher will always be analogous to the process of building houses with bricks and stones in the absence of the binding agency of mortar. In the first mental crisis the structure may collapse. That it does not usually do so is no proof of the suitability of some of our modern educational methods to the needs of life, but rather of the wide adaptability of the human mind. It is inadvisable, however, to subject the mind to unnecessary strain, and it will be a task worthy of performance to deliver the growing child from the

necessity of spending a large part of his psychic energy in quelling the rebellions that threaten to break out within him."

The section dealing with the defective mind includes discussions of the psychological treatment of mental defectives, the measurement of defect, the classification of defectives, historical survey of methods employed in educating defectives, and the emotional defective. We are glad to find that Mr. Watts does not accept the term "moral imbecile" which has been so freely used in England. He writes regarding "defectives who have become social failures, not so much by reason of their lack of general intelligence . . . as on account of their notable deficiency in the power of personal self-direction: while it may be said that a large number of the individuals in our prisons are persons who have committed crimes at the dictate of anti-social passions, it is, nevertheless, to make a sound generalization if we venture the statement that the cold, calculating, self-seeking *moral imbecile*—an individual, that is, of at least average intelligence, but destitute of social impulses—*does not exist.* This is not the opinion, perhaps, which a study of the cinema films would support, but it is the well-considered judgment of many who have gained by patient application a thorough knowledge of hundreds of individual delinquents."

The introduction by Professor Jastrow is a well-written, critical comment on Mr. Watts' book and a statement of his own ideas of the ways in which abnormal psychology may enrich education.

Anne T. Bingham.

*Girls' Service League, New York City.*

Addresses to Mental Nurses. Edited by Bedford Pierce, M.D. London: Baillière, Tindall, and Cox, 1924. 288 p.

This is a volume of fifteen addresses given by English physicians to the nursing staff of The Retreat at York. The speakers were for the most part leaders of psychiatry in Great Britain. In several instances they seem to have been very happily stimulated by the notable memories of Tuke and his successors in that institution. The level of the addresses is of course somewhat uneven, but the descriptions of the qualifications, duties, and privileges of the mental nurse, of the most fruitful methods to employ in training these nurses, and of the work of the mental nurse in hospital and private practice, are on a high plane.

The volume is so modest in size that the reviewer need not abstract the contents even to the extent of commenting on the separate addresses, and it savors of injustice to mention particularly one rather than another. Nevertheless, it may not be amiss to say that

the first address, by Bedford Pierce, is one of the best reviews ever made of the reforms instituted by Tuke and Pinel, with a just application of their work to the needs of the present day, and that Mercier's discussion of the ideals of those who would care for the mentally sick is one of the most eloquent in the English language.

This book should find a place wherever nursing education in mental diseases is under way. It should be accessible to student nurses in mental hospitals, and parts of it might well be used for assigned reading. The physician who is dealing with mental patients will dip into it with interest and come from his reading with a freshened appreciation of what his nurses are doing and of the standards to which he should hold himself.

S. W. Hamilton.

*Bloomingdale Hospital.*

Conflict and Dream. By W. H. R. Rivers. New York: Harcourt, Brace, and Company, 1923. 194 p.

This posthumous work by the noted English anthropologist, Dr. Rivers, edited by Dr. G. Elliot Smith, must be regarded as an exposition of the primary and transitional stages through which many investigators of the baffling problem of dream analysis who have taken their cue from Freud's discoveries almost inevitably pass. It is highly probable that had Dr. Rivers been spared to revise the manuscript—a task to which, according to Dr. Elliot, he had hoped to devote the long vacation of 1922—the work would have assumed an altered form or its publication might have been deferred for several years until Dr. Rivers had had opportunity to test his theories more fully. And yet the little volume, with its protests, speculations, and admissions, serves a purpose in graphically and lucidly presenting to the novice, attracted to Freud's dream hypotheses, a point of view that he will readily accept, but later in all probability will abandon in favor of some more adequate, if more intricate, explanation. One wonders how far Dr. Rivers himself was deterred from pushing his own simple interpretations of dreams a bit further by such inhibitions as those that prompted the editor to commend the theory because "it prunes from the method of the psychoanalytic school of dream interpretation most of the repulsive excrescences that have brought upon it so much odium".

Rivers' deviation from Freud's position does not involve a great modification of the latter's views, as Dr. Elliot seems to think. He agrees with Freud in a great majority of the essential features and differs mainly in accentuating the current conflict in determining

dream content. He belittles, without denying, the influence of infantile material and experience in the formation of dreams, and in the simple, interestingly recounted analyses of his own dreams, takes into consideration little more than their manifest content. Since he acknowledges a latent content, more prolonged experience would probably have induced Dr. Rivers to explore that field as well. He takes exception to the universality and the adequacy of Freud's idea that wish-fulfillment furnishes the motive for dreams. The question of symbolism in the psychoanalytic method comes in for criticism chiefly on the ground that certain symbols are supposedly considered to be of unalterable and universal significance—which, however, is not an assertion of the psychoanalytic school.

Notwithstanding the fact that Dr. Rivers' death unfortunately halted at an elementary point the earnest studies presented in this incomplete work, it is only fair to state that the question of dream interpretation is far from settled and is being constantly amplified by analytic research. The fact, as Dr. Rivers in common with others has pointed out, that an event in a dream may be considered by the Freudian method to indicate its opposite, and that the nature of symbolism which the method so constantly utilizes is still far from being completely understood, allows for a tremendous latitude in interpretations. Even with this wide scope and untrammeled freedom in the explanation of dreams, the most skilled analysts often find it impossible to enucleate the wish that is to be fulfilled from the tortuous maze of productions in the average dream. It is further true that the same dreamer, within a short period of time, may yield in his dreams indications that may be interpreted as a desire to fulfill the same wish in directly opposite ways or not to act upon that identical wish at all. For that reason, according to the present psychoanalytic technique, the unconscious often fails to register more definitely in dreams than conscious thought has already recorded the trend desired by the dreamer, consciously or unconsciously, and this circumstance diminishes the value of dream analysis in its application to definite, circumscribed, practical problems.

C. P. Oberndorf.

*New York City.*

The Evolution of Man. By G. Elliot Smith. New York: Oxford University Press, 1924. 159 p.

The most important single intellectual reaction that a layman gets upon reading books that deal with the ancient history of man, and with the evolution of man, is that paleontology is largely conjecture.

*"Ex pede Herculem"* is put to the blush by paleontologists who are prepared, on the basis of a single tooth, to elaborate theses for which they are willing to die fighting. It seems that a remarkable tooth was discovered in Nebraska in 1922, for which a new genus, *Hesperopithecus,* was created by Professor Henry Fairfield Osborn; and Dr. Smith regards the balance of probability as favoring its identification as a primitive member of the human family rather than a new genus of anthropoid apes. Upon this he builds up a theory of the evolution of the human race and draws a very pretty diagram showing how the genus homo evolved, becoming, at various points in the family tree, Homo Sapiens, Homo Neanderthalensis, Homo Rhodesiensis, and then Australian race, Negro race, Mongol race, Alpine race, Mediterranean race, and at the very peak of the human family, Nordic race. However, he is good enough to state, for the benefit of us non-Nordics, that he is not subscribing to those extravagant claims, so popular at the present moment, in virtue of which blondness is regarded as a character that marks this race as supermen. From the standpoint of bleaching out, they are more bleached than others, which seems to me to be an attribute of rather doubtful value.

Dr. Smith shows that the human family has evolved from a group of insectivora closely related to the bats and the flying foxes, which, through their arboreal habits, developed their vision and thus the brain. The senses of touch, hearing, and agility also became considerably improved, and all these factors brought into play a brain evolution which culminated finally in man. The neopallium—which is the term Smith gave years ago to that part of the cortical area into which pathways lead from all the sense organs, and which, he believes, is the organ whose evolution has resulted in man—is an organ of discrimination, and because it receives impressions which the outside world pours in upon it through the distance receptors of eyes, ears, and so forth, it has experience of unlimited scope.

The prime thesis of the book, however, is not this evolution of man upward from creatures like bats and flying foxes; it is the question of whether or not each group of human beings, living in separate localities, went through an identical psychological evolution, or whether communication was established at an early time between group and group, so that as a group developed, through chance or through peculiar circumstances, peculiar reactions to its environment, in the way either of skill, belief, or custom, it communicated these reactions to other groups, through its wandering members or through immigration, thus giving rise to customs and techniques that are universal. Smith strongly favors the latter explanation. In other

words, he believes that races have not differed in their psychology or capacities so much as they have differed in their accessibility to the culture that developed in other parts of the world. He thus becomes an exponent of the environment as an important factor in evolution.

In fact, he makes the following statement: "Throughout the course of human history, Man's attitude has been determined, not by the alteration of the structure of the mind, but by the intellectual and moral influences which have been impressed upon each individual's mind by the community in which he lived. Whatever the inborn mental and moral aptitudes of any individual, whatever his race and antecedents, it is safe to say that if he were born and brought up in a vicious society, he would have learned, not merely to converse in a language distinctive to that particular group of people, but in all probability to practice vicious habits. The fact that his skull was long or broad, or his hair blond or dark, or the matter of his ancestry—whether he belonged to the Alpine, the Nordic, or the Mediterranean races—would count for little in this process in comparison with the potent molding force of the atmosphere of the family and the society in which he grew up during the years of his mental plasticity."

This quotation emphasizes the essentially sane attitude of a stimulating book which the reviewer in all earnestness recommends to the reader.

Abraham Myerson.

*Tufts College Medical School.*

Days of Delusion. By Clara Endicott Sears. Boston: Houghton Mifflin Company, 1924. 262 p.

The title of this book is most appropriate. We have here a graphic account of one of the best known of the movements of religious fanaticism during the last hundred years—the Millerite movement, which reached its zenith in 1843 and '44, and like some of the solar haloes and parhelia, which are also described, disappeared into the ethereal realms, leaving behind only scattered traces. These have been put together by Miss Sears in a most vivid and illuminating fashion.

The book is in all respects a painstaking and apparently most accurate historical narrative and is written with a charm that makes its perusal as fascinating as that of any novel. The leaders of the movement—William Miller, Joshua V. Hines, and Elder Luther Boutelle—are described in a way that makes them very real and vivid. The story of Mary Hartwell is the tragic tale of a girl in the adolescent period whose psychosis was obviously determined by the religious emotionalism of the time.

The subtitle of the book is *A Strange Bit of History,* and a strange and interesting insight, not only into history, but even more into human behavior, is here set forth. At all times in the world's history there have been events that cause us to wonder at the vagaries of human nature, and those vagaries seem to be but little changed with the progress of civilization. Even to-day great masses of people are prone to accept the leadership of false prophets—both political and religious—upon short notice and with insufficient facts, and in a measure it is comforting to know that this has been a human reaction which has been evident in all ages. And while some of us would like to feel that there has been a decided stabilizing in men's emotions, as well as a broadening of their judgment, it is only necessary to point to the widespread growth of many pseudo-scientific cults of healing and many visionary schemes for political Utopias to make us realize that we are all of us straining to achieve the impossible every day we live.

William Miller and many of his apostles would prove interesting studies for the psychopathologist if he could but know a little more about their early lives and the sum total of their mental mechanisms as measured by present-day methods. This is denied us and we must, therefore, consider more in detail the movement that they represented and the account of it as set down in *Days of Delusion.*

The whole book is an extremely good illustration of mob psychology —showing the way the Millerite movement spread throughout small communities, gaining a foothold first in one family, spreading through that family to the neighbors, and finally inoculating a whole village. In some of the larger centers this movement, which was based upon predictions of the second coming of Christ, attained immense proportions, calling forth outpourings of considerable sums of money and the devotion of much time and rousing to the greatest heights of emotionalism otherwise apparently normal people. An interesting psychological point brought out in the book is the tenacity of faith in suggestible individuals, even in the face of obvious disillusionment. Mob psychology is suggested again, however, in the rapidity with which the whole movement sank into oblivion as its followers one by one began to drop off after their great *dénouement* in 1844.

From beginning to end the book holds our attention; while dealing largely with historical facts, it has, nevertheless, many touches both of humor and of pathos. Numerous cuts taken from the newspapers of the time, as well as certain advertising propaganda, are included, as are also photographs of persons and places of the period, so quaint as to suggest a work on Colonial antiques.

At the present time, when the world is still prone to follow false prophets, a perusual of this book should serve as wise counsel, emphasizing the need for thoughtful judgment in place of outbursts of emotion. *Days of Delusion* gives us not only a most fascinating tale of an interesting historical event, but also supplies us with a psychopathological study of real significance.

ARTHUR H. RUGGLES.

*Butler Hospital.*

PRISONS AND COMMON SENSE. By Thomas Mott Osborne. Philadelphia: J. B. Lippincott Company, 1924. 105 p.

This small volume, the latest of several books by the same author on the prison problem, is divided into two sections.

In the preface of the book, Mr. Osborne makes seven points or observations upon the character of prisoners. Persons who really know prisoners will agree with at least six of Mr. Osborne's observations, but a psychiatrist will take very definite objection to one of his seven points. His sixth point states: "There are not many of them mental defectives; on the contrary, the majority are embarrassingly clever." Careful scientific studies in various prisons throughout the United States have shown that a considerable portion of the inmates of prisons are either mentally defective or mentally disordered, a factor that Mr. Osborne neglects in his consideration of the subject.

The first half of the book presents Mr. Osborne's conception of the true function of a prison and is a very concise, clear-cut, and well presented picture of the author's ideas. The arrangement of this portion of the book is in the form of eight basic texts or principles, concisely stated and illustrated by anecdotes. It is the author's belief that prisons must be made into educational institutions where training must be provided "to make them, not good prisoners, but good citizens". (Page 35.)

The second half of the book deals with the organization and operation of the Mutual Welfare League. The material in this portion of the book is presented in the same style as the first half of the book. The Mutual Welfare League, Mr. Osborne tells us, attempts to put into operation the principle of individual responsibility for the common welfare.

It has been the reviewer's good fortune to have seen the Mutual Welfare League at the Naval Prison at Portsmouth, N. H., in operation for about a year and a half. From that observation, he believes that no single method has been devised in prison management that is of as great importance in bringing about the intelligent handling of

men within the prison. In fact, it is the first real step in that direction. However, the Mutual Welfare League, with the principles upon which it is founded, are only stepping-stones toward the correct solution of the prison problem. It is undoubtedly true, as has been shown repeatedly by scientific study, that the proportion of mentally defective and mentally disordered individuals in prisons is far in excess of the proportion in the general community. Therefore, in any perfect or nearly perfect system of prison management, there must be careful consideration for, and treatment of, that element of the prison population. This the Mutual Welfare League does not, and perhaps cannot, provide.

To every student of criminology Mr. Osborne's book is heartily recommended. To every student of penology the material in the book is absolutely essential. To the common man who is not directly interested in criminals or in prisons, the book will be of very great interest and value.

A. L. Jacoby.

*Psychopathic Clinic, Recorder's Court, Detroit, Michigan.*

The Dominant Sex. By Mathilde and Mathias Voerting. Translated from the German by Eden and Cedar Paul. New York: George H. Doran Company, 1923. 289 p.

This book presents the results of a detailed historical and sociological study from which the authors have concluded that the peculiarities of the sexes of to-day are not congenital, biological characteristics, but are dependent upon dominance by the male sex; that those qualities that are called masculine are the qualities of a dominant sex and that what we call feminine qualities are merely the qualities of a subordinate sex.

Men have been dominant for centuries in practically all the world. It has, therefore, been generally accepted that men are superior to women and better fitted to rule. A good argument has been made for the opposite belief, however. The bases for this contention are the social conditions that obtained at a time when the positions of the sexes were completely reversed. Ancient history furnishes numerous examples. There was a time when feminine dominance was quite widespread, notably in ancient Egyptian society and the Spartan nation, and in both civilized and savage races; moreover, the degree of dominance varied greatly. It is from a comparison of the social conditions of these ancient peoples with those of present-day society that the authors have generalized concerning the meaning of the differing qualities exhibited by the sexes. They do admit biologically

or physiologically determined differences in the psychology of the sexes, but they emphasize the fact that these in turn are dependent on a third factor, the sociological.

The authors continually draw attention to the bias of historians and sociologists due to the ideology of the extant type of sex domination. This is quite convincingly done by quoting passages from historians such as the following: "The Spartan women had absolute dominance over their 'degenerate' husbands." Again, "The daughters of Sparta are not to be found at home; they consort with the young men; having laid aside their clothing, having bared their hips, the maidens wrestle with the youths. To me, indeed, such conduct seems shameful."

In the "Women's State" (throughout the book the terms "Men's State" and "Women's State" are used to denote social conditions in which men and women are respectively dominant) the social status of women was quite reversed. Women were the wooers. The husband contributed the dowry. He adopted the name and nationality of his wife. Children were called after the mother and inherited from the mother. The woman had the right of disposal of the common possession. A wife demanded chastity and conjugal fidelity from her husband and could divorce him if he displeased her. The wife was occupied away from home while the husband attended to the domestic affairs, including the care of the children. Men were fond of adornment, while the women wore plain, uniform clothing. An unmarried man was regarded with contempt, much as the women of to-day are who have reached the age of thirty without being married.

The duplex moral code that has been prevalent where men ruled was also present among people where women were dominant. The positions of the sexes were just reversed. Women had sexual privileges that were sternly denied to the male sex; in fact, it is related that adultery on the part of women in Sparta was even considered commendable.

Most interesting is the effect of the reversal of the moral code upon the social evil, prostitution, abortion, the status of an illegitimate child and an unmarried mother. Prostitution in women in Women's State was practically unknown and was hardly present in men, because there is less capacity in men for sexual intercourse. In Men's State an illegitimate child is evidence of a breach of the moral code. If in Women's State a woman has an illegitimate child, no stigma is attached to her and the position of the illegitimate child is as good as that of one born in wedlock. Abortion is regarded as a serious crime in Men's State, as it destroys evidence of a breach of the code. In the days when women ruled, it was legitimate. Modesty, which is

generally conceded to be a feminine virtue, characterized the men, particularly in those nations where women were dominant. Three reasons are given for this: first, modesty is cultivated as and serves as a guardian of chastity and sexual continence; secondly, modesty in the subordinate sex is an excitement to the wooers, who are of the dominant sex; thirdly, the association of individuals with those of their own sex to the exclusion of the other sex tends to a decline of modesty.

It may seem quite remarkable, and yet I think no one will disagree, that erotic art plainly indicates the sex of women, while on the other hand the sex of men is usually hidden. Men with erect penises were common themes in the erotic art of ancient Egypt and ancient Greece.

Perhaps the strongest evidence to bear out the authors' theory is the claim, if true, that in Women's State the women were equal or superior to the men in size and bodily capacity and that in certain countries, where the absolute dominance of women had existed for a long time, the men displayed a certain roundness and exuberance of body, or, in other words, closely approached the women of our day in secondary physical sexual characteristics.

The authors believe that there is a pendulum movement in the relationships of power between the sexes, although that movement is so slow and known history covers so short a period of human existence that insufficient evidence can be found to prove it. There are psychological reasons, however, to substantiate this theory; besides, Teutonic and Egyptian history would seem to furnish two instances of it. There is no denying the statement that in almost all parts of the civilized world society is in a phase of transition from the dominance of men to equality of the sexes. The authors claim that equality of the sexes will bring about the highest possible development of the members of both sexes and the highest attainable sexual happiness. Some of the specific results mentioned are (1) the tendency for the natural, inborn qualities of each sex to reach their fullest development; (2) an enrichment of culture; (3) improvement of social customs; (4) an increase of altruism and social helpfulness; (5) the disappearance of duplex sexual morality and the abolition of prostitution, which, together with equalization of the age at which men and women mate, will bring about improvement of the offspring.

Equality of the sexes, however, is one phase of the pendulum movement and there is a tendency to monosexual dominance. Can humanity discover a means of retaining permanently sex equality?

This book is a valuable contribution to the sciences of sociology

and psychology and should be of interest to the lay public as well, as it is comparatively free from technical terms and is remarkable for clarity and readableness.

R. E. Blaisdell.

*Kings Park State Hospital.*

The Basis of Social Theory. By Albert G. A. Balz and William S. A. Pott. New York: Alfred A. Knopf, 1924. 252 p.

The authors of this book introduce their thesis with a consideration of the meaning of progress. After making the point that faith in progress is a modern thing, they state that the possibility of genuine progress depends upon the development of a more adequate body of social science, and that the first condition of this attainment is the development of a more adequate science of human behavior. The social sciences must, therefore, turn to social psychology for the basis of sound social theory. The outlines of a more adequate social psychology are then suggested in the six chapters of the book, which deal respectively with the field of social psychology, human nature and social forces, inherited tendencies and action, the function of instinctive tendencies, the function of capacities, and the problem of control.

The chapter on the field of social psychology attempts to show the relationship between psychology and social psychology; treats of the historical background of social psychology; passes in rapid review the relations of general psychology and behaviorism—taking up the question whether psychology is fundamentally social psychology—the data of psychology, and the social fact as social situation; and concludes with a discussion of the meaning of "the social". The authors seem to have based this chapter on a consideration of the relations of general psychology to social psychology rather than upon a critical and comparative study of such different theories of social psychology as are represented by the study of group behavior in terms of its psycho-social aspects or planes and currents (Bagehot, Tarde, LeBon, Ross), by the instinctivists (McDougall), or by the study of the socialization of the individual in terms of psycho-social environmental pressures and learning (Cooley, Bernard).

The chapters that follow show the same method of approach. The chapter on human nature and social forces deals with the concept of nature and nurture, variation in human nature, individual differences, environment and individual differences, and the social forces. Original nature is found to be an abstraction. Everything is both learned and unlearned, inherited and acquired.

The chapter on inherited tendencies and action is the familiar pres-

entation of the instinct psychology of McDougall, although the points of view of Woodworth and Wallas are noted. An effort is made to distinguish inherited structure and inherited tendency. Inherited tendencies in the stimulus-reaction cycle, the place of emotion, the classification of instinctive tendencies, the biological emphasis in instinctive tendencies, instinctive tendencies and social forces, folkways, customs, institutions, and control, are all mentioned in the chapter on the function of instinctive tendencies. There follows a discussion of the function of capacities, and a treatment of the problem of control concludes the book.

The book is helpful in that it states with emphasis the need of a more adequate social psychology as the basis for a science of human behavior, which in turn is fundamental to the development of the social sciences upon which genuine progress depends. But the question is whether a book that adds little or nothing to our knowledge of human behavior, either by critical comparison and evaluation of the different theories of social psychology or by assembling new facts, makes any real contribution to an adequate social psychology. Certainly the author's acceptance of the *a priori* doctrine of instinct, to the neglect of a critical examination of the theories of planes and currents, falls short of presenting an adequate speculative basis of social theory. Further than this, the more important scientific task of assembling the facts for an inductive basis of social theory is ignored completely. It seems likely that a more "adequate social theory" based upon a more "adequate social psychology" will not arise out of the testing of *a priori* theories of speculative origin against facts of observation, but rather is it likely that a new theory of social psychology will arise out of inductive studies of human behavior. The qualitative analysis of social psychology has gone about as far as it can. Further advance awaits the use of laborious quantitative methods. Already there are promising signs of a beginning in this new mode of attack, but the authors of this book have not taken note of this change.

F. Stuart Chapin.

*University of Minnesota.*

Lectures on Endocrinology. By Walter Timme, M.D. New York: Paul B. Hoeber, 1924. 115 p.

This brochure by Timme, which originally appeared as an article in the *Neurological Bulletin,* represents a highly meritorious and welcome addition to the literature on endocrinology. The presentation is entirely simple, lucid, and concise, and is further to be commended for its happy combining of a finely popular quality with a thorough

scientific adequacy. The book is attractively and helpfully illustrated, well gotten up, and of very convenient size. Its perusal should prove most stimulating and instructive to any one, whether layman or physician, interested in this very fascinating subject.

There are eight chapters, including an excellent introduction in which the broader biologic implications of endocrinology are indicated as well as the important life-epoch relationships of the various gland groups. A comprehensive bibliographic chapter is also included. Comprising the main body of the text are six rather complete and very well considered chapters devoted respectively to the thymus, the pineal, the thyroid, the suprarenals, the pituitary, and the gonads. No special comment seems required as to Timme's treatment of these specific endocrine elements beyond what has already been said in a general way and a word of laudation for the very vivid and succinct manner in which the various interrelations, inter-effects, and compensations are elucidated, rendering very clear and understandable many syndromes otherwise obscure and baffling in their complication and complexity. The basic unity of the endocrine system and the mutual dependence of its component elements—particularly as concerns syndromic pattern in long-section—is an extremely important conception and one the full grasp of which is a *sine qua non* for an adequate comprehension and interpretation of endocrine disorders and their rational therapy. Timme may be regarded, therefore, as having performed a real service, through his very effective and enlightening emphasis of this aspect of the problem. He is also to be commended for his very clear delineation and discussion of the thymic sub-involution syndrome, a condition apparently incompletely and inadequately understood by many and of extreme importance, not only as a basis for later and diverse endocrinopathic deviation, but also from the broader standpoint of its bearing upon general personality make-up and dispositional pattern.

Theophile Raphael.

*State Psychopathic Hospital, Ann Arbor, Michigan.*

Personality and Psychology. By John Wright Buckham. New York: George H. Doran Company, 1924. 200 p.

The rapid increase of general interest in mental hygiene and self-knowledge has resulted in a flood of popular literature dealing with psychology, personality, and so on. Enough of this material is so wholly bad or—what is almost worse—so utterly futile that, given the responsibility of a book review, one is threatened with some hours of mixed boredom and exasperation.

The reviewer confesses to an inexcusable delay in the face of the

obligation to peruse the present volume. The fact that the author is a professor of theology, with several works on religion to his credit, made procastination seem all the more inviting. But the plunge once taken, what happy disappointment! The little book is a gem. In content and style, in clarity and brevity, in keen grasp and kindly tolerance, it is unsurpassed. The fact that psychoanalysis is treated somewhat cavalierly and dismissed with a short chapter furnishes the exception to rule.

Professor Buckham is a scholar and a humanist and gives convincing evidence of a broad culture in all fields of human thought and feeling. His work is replete with apt references and quotations from the realms of philosophy, psychology, scripture, poetry, and art. In spite of the fact that he maintains a clerical point of view throughout, he shows both a sound respect for the scientific and an appreciation of the pagan, while his balanced sense of humor leavens the whole discussion.

The main thesis that he sets forth consists of a robust defense of the human spirit, self, or soul against the encroachments of academic psychology and popular thinking, which he feels are trying to reduce it to simple elements. In this connection, as a supplement to the familiar conscious and unconscious regions of mental life, he hypothesizes a super-conscious and suggests (page 60): "Just as influences from the realm of nature work upon us from below, so unseen influences may be descending upon us from what may be called the super-conscious, the realm of the spirit." James, Freud, Dewey, McDougall, Watson, and other moderns are intelligently discussed, and if for no other reason the book would be worth reading as a succinct review of the newer trends of thought in psychology. The volume is divided into two parts, of eight concise chapters each. Part I deals with the psychology of the self and Part II with selfless psychology. Chapter V, on memory and imagination, and Chapter VII, on the knowledge of others, present in a specially illuminating way the viewpoint of the author. The matter in these chapters is none the less vital on account of being rather poetic than scientific.

As already mentioned, one of the charms of the book is the free and apt use of quotations, broadly catholic in selection. As a liberal example, the aid of Walt Whitman is invoked to illustrate the superiority of persons over things, and the *Ballad of Occupations* is quoted as follows (page 19):

> "'When the psalm sings instead of the singer;
> When the script preaches instead of the preacher;
> When the pulpit descends and goes, instead of the carver that carved the supporting desk;

When I can touch the body of books, by night or by day, and when they touch my body back again;
When a university course convinces, like a slumbering woman and child convince;
When the minted gold in the vault smiles like the night-watchman's daughter;
When warrantee deeds loaf in chairs opposite, and are my friendly companions;
I intend to reach them my hand, and make as much of them as I do of men and women like you.' ''

The author then paraphrases the poet by giving a psychological rendering of the theme:

''When the thought thinks instead of the thinker;
When the libido loves instead of the lover;
When the throat talks instead of the talker;
When I can touch the reactions of stimuli as I touch those who have reactions;
When the psychological seminar convinces as do a beloved teacher and pupil;
When the measurements in the psychologist's laboratory smile like the folk who are being measured;
When the educational tests work as well as the tests of machines;
I intend to revise my standard of values and make as much of these as I do of human selves like you.''

As might be expected, Professor Buckham makes a strong plea for the worth-whileness and dignity of a formulated religious faith. In discussing imagination, he comments on its capacity for constructive development, on the one hand, or, in contrast, the possibility of its subjection to fear, hatred, and evil. He states (page 76): ''It is here that Religion enters as an aid. Religion is a powerful restrainer and director, as well as a fruitful stimulator and cultivator of the imagination. In the atmosphere of its profound emotions and lofty conceptions imagination reaches its purest and highest exercise.''

Two chapters are devoted to suggestion and auto-suggestion. It is pointed out that practical application of these phenomena respectably antedates scientific medical and psychological attention and that the Bible is a veritable storehouse of suggestion. With reference to Couéism as a modern development of suggestive therapy, the author says (page 177): ''Paul's ejaculation, 'I can do all things through Christ which strengtheneth me', puts the Coué formula well in the shade, making it look puny and childish, but it does not falsify it.'' On the same page the following statement should give pause to the godless modern who seeks aid for his unrest through popular medical psychology: ''The fact is that a generation of newspaper and maga-

zine readers, devourers of best sellers and devotees of the movies, has lost touch with the Bible and Christian hymns and the great spiritual literature of the ages and is trying to find its way back to strength and support through psychological ideas and practices which are new only in more or less scientific and self-conscious externals and technique."

By the psychiatrist or psychologist of imagination who can sympathize with the vision of the poet's eye and who has an interest in spiritual values, this book will be found refreshing. For him whose point of view is more exclusively mechanistic and deterministic, there will be less pleasure in the reading, but who can say that there may not be some measure of profit?

M. W. Peck.

*Boston Psychopathic Hospital.*

Immigration; Select Documents and Case Records. By Edith Abbott. Chicago: University of Chicago Press, 1924. 809 p.

The title of this book may be a little misleading to some readers. The book is mainly concerned with the problems involved in getting the immigrant here, in settling him in a home and in a job. And there it leaves him, only at the beginning of his experiences as a dweller in the land and as a factor in the problems of industrial and social life which we are accustomed to discuss as problems of immigration.

The book is, however, a most admirable introduction to those later problems. Material on immigration for the most part consists of general observations, opinions, and conclusions, so broad in scope, so scantily supported by evidence as to leave them open to doubt; or it consists of statistical results, which can give only the factors capable of being isolated and counted, leaving untouched the intricate interplay of motive and circumstance that is really the most important thing for us to know about.

Miss Abbott's book penetrates farther into this region by giving detailed accounts of actual happenings in individual cases, so that we do not stop with a generalized "immigrant", entirely defined by nationality, by fixed economic and social categories, but go on to see a real human being, a center of activity working out its path in accordance with the complex of forces at work in that particular case.

This method of study is difficult, and discouraging to the investigator who wants quick results. The methods of general observation and statistical summary are easier. This is presumably the reason why they are so generally employed. But the road to a more thorough

knowledge of human character and behavior is along the way of more painstaking and detailed study of individual cases.

KATE HOLLADAY CLAGHORN.

*New York School of Social Work.*

THE UNCONSCIOUS MIND: A PSYCHOANALYTICAL SURVEY. By S. Herbert, M.D. London: A. and C. Black, 1923. 230 p.

The scope of this small volume is indicated by its subtitle—*A Psychoanalytical Survey.* The author attempts an exposition of the psychoanalytic field, approaching it from a familiar angle—the unconscious. Essentially he adheres to the teachings of the Freudian school, but he has also included a brief discussion of the views of Maeder, Jung, Adler, and Rivers.

The book opens with an historical review of the steps in the modern study of exceptional mental states that culminated in Freud's formulation of the unconscious. The names of Mesmer, Faria, Braid, Liébault, Bernheim, Charcot, Janet, and Breuer, with a scant paragraph or two on the work of each, are passed before the reader's eyes—all too rapidly. Subsequent chapters of the book are: *The Unconscious; Psychopathology of Everyday Life; Dreams* (two chapters); *Nervous and Mental Disorders; The Sex Impulse and the Ego; Theories of the Unconscious; Mythology, Folklore, and Religion; Wit and Art;* and *The Unconscious in the Scheme of Evolution.*

The attempt to handle all this material within the disproportionately Lilliputian compass of 224 pages is little short of heroic. But such an undertaking must necessarily suffer from its own limitations. Behind the facile text one senses a shallowness of description. The author has achieved clarity and conciseness at the expense of completeness and comprehensiveness. In all psychoanalytic works the method of presentation is an important problem. Ultra-simplification and adequate representation are incompatible in this field. When material is excessively compressed and condensed, as in this book, the resulting exposition must be somewhat unsatisfactory. However, what the author does say about psychoanalysis is essentially correct. One cannot dispute the general accuracy of the text or deny the store of knowledge that the author must possess. The most serious deficiencies in the book appear in the chapters on dreams. Here the interpretations are not sufficiently exhaustive and the symbolism is inadequately explained. A trustworthy bibliography, well adapted to serve as a beginner's reading guide, and a carefully prepared index add to the value of the volume.

According to a reliable bookseller, there are now in English about

one hundred psychoanalytic works of the more or less introductory type, designed for popular consumption. Of these, most are of questionable value, some utterly worthless, a few really reliable. This small volume can, at least, be safely recommended. It ought to prove helpful to those who wish to gain some notion of psychoanalysis, but who are suffering from that chronic American malady known as lack of time. Such students should, however, be cautioned that, while the reading of *The Unconscious Mind* may be a simple task, the acquiring of a sound appreciation of psychoanalysis and its implications is no small undertaking.

MONROE A. MEYER.

*New York City.*

WHO ARE THE BENEFACTORS? By Annie Lockhart Chesley. With an introduction by Samuel McChord Crothers. Boston: The Beacon Press, 1924. 109 p.

In *Who are the Benefactors?* Mrs. Chesley has told the stories of some of the clients of a private fund created for the purpose of helping old people. These stories are very simply told, which adds to their appeal. Mrs. Chesley tells them to show "the sheer strength and dignity of character with which these men and women, without influence, without the protective backing of social conventions, have met temptations, pain, and the humiliating, crippling clutch of poverty". These people, in spite of seeming failure, "are spiritually fighting their way through". Through these "miracles of the spirit", they have become "benefactors".

The book is full of Mrs. Chesley's happy understanding and deep appreciation of the high quality of courage and endurance displayed by these "friends", who have met old age and worldly defeat so gallantly. Mrs. Chesley's experience in social work and long association with this special type of work make her an authority on the subject. She has been able to combine accurate methods and that "warm human emotion", which Mr. Crothers in his preface fears the scientific spirit permeating modern social work may destroy. All social workers need the inspiration of Mrs. Chesley's spirit of sympathy and understanding. They will wish to add her to the list of "benefactors".

EDITH N. BURLEIGH.

*Child Guidance Clinic, Los Angeles, California.*

## NOTES AND COMMENTS

*Maine*

The name of the Maine School for Feebleminded has been changed by law to the Pownal State School.

Sterilization of certain cases of mental disease and feeblemindedness is permitted by Chapter 208, Laws of 1925. The operations of vasectomy and fallectomy are allowed "for the prevention of the reproduction of further feeblemindedness, or for the therapeutic treatment of certain forms of mental disease".

*Massachusetts*

The name of the Massachusetts School for the Feebleminded, at Waverley, has been changed by law to the "Walter E. Fernald State School", in honor of the late Dr. Fernald, who was its superintendent for thirty-seven years.

The 1925 legislature granted an appropriation of $79,000 to provide at the state farm a place for the care of defective-delinquent females. Three years ago provision was made at this institution for males who were defective delinquents.

*Minnesota*

A sterilization law has been enacted in Minnesota. It is Chapter 154, Laws of 1925. This law applies to persons committed as feebleminded to the guardianship of the state board of control and to persons committed as insane to the custody of the superintendent of a state hospital.

*New Jersey*

By the terms of Chapter 176, Laws of 1925, a tax of one-half a mill on each dollar's value of real and personal property in the state is assessed to pay for the cost of "constructing, reconstructing, development, extending, and equipping state charitable, hospital, relief, training, correctional, reformatory, and penal institutions". Among the institutions to benefit from this tax are the Training School for Feebleminded Females, in North Jersey, which receives $1,502,874, and the State Hospital at Morris Plains, which receives $695,800.

*New York*

By the terms of Chapter 185, Laws of 1925, the state commission for mental defectives is authorized to acquire a site near New York

City for a new state school for mental defectives. For this purpose $80,000 is appropriated.

The state hospital commission is authorized to purchase land in the vicinity of New York City for a new state hospital for mental diseases. Chapter 179, Laws of 1925, makes an appropriation of $150,000 for this purpose.

Chapter 613, Laws of 1925, makes a number of amendments to the insanity law. The outstanding feature is that it extends from ten to thirty days the period during which a patient upon the request of a health officer may be treated in a state hospital or private licensed institution for mental diseases pending formal court commitment.

A constitutional amendment reorganizing the state government into twenty departments, instead of about one hundred and fifty, received a second passage by the 1925 legislature. It will be submitted to the voters at the fall election. One will be a department of mental hygiene, which will have jurisdiction over all institutions that care for mental diseases, mental defectives, and epileptics. If this amendment is ratified, the present state hospital commission and the state commission for mental defectives will be merged into one department.

Another proposed constitutional amendment that will be presented to the voters this fall authorizes the legislature in each of ten years to issue bonds not exceeding $10,000,000 in any one year to provide funds for the acquisition of land and for the construction of state buildings, works, and improvements, including state institutions.

Chapter 676, Laws of 1925, which amends the mental-deficiency law generally, contains a new section providing for the reimbursement to the state for the care of patients whose friends or relatives are able to assume the cost of their support. It provides for the appointment of agents by the state commission for mental defectives, whose duty it shall be to secure from relatives or friends who are liable therefor or who may be willing to assume the cost of support of any inmate of a state school for mental defectives reimbursement in whole or in part for the money expended in the care of the patient.

Two bills providing for jury trial of the insane failed of enactment.

*Ohio*

A law was enacted by the 1925 legislature making the institution for feebleminded at Orient a separate state institution. It has been a branch of the state institution for the feebleminded at Columbus.

The general appropriation act provides for beginning two new institutions for the feebleminded and for additions and improvements at the institutions at Columbus and Orient. For these purposes a total of $2,060,000 is appropriated. Another noteworthy feature of this act is the provision for the establishment of a psychopathic hospital in connection with the Bureau of Juvenile Research, for which purpose $100,000 is allowed.

A bill providing for the sterilization of feebleminded and epileptic persons before their discharge from state institutions was vetoed by the governor.

*Texas*

By legislative enactment, the names of the hospitals that care for mental diseases have been changed to the Rusk State Hospital, Wichita Falls State Hospital, Terrell State Hospital, San Antonio State Hospital, and Austin State Hospital. This change does away with the words "insane", "asylum", and "lunatic", which formerly appeared in the names of these hospitals. The name of the State Colony for Feebleminded has also been changed by law to the Austin State School, and the name of the State Epileptic Colony to Abilene State Hospital.

The same law authorizes the establishment of two state psychopathic hospitals, one to be located in Dallas and the other in Galveston. Among other provisions, it allows the commitment of patients to the hospitals for mental diseases upon the certificate of two properly qualified physicians being filed with the county judge, in place of court trial. It forbids the detention of insane persons in any other place than an institution for the treatment of the insane for a period longer than thirty days. Nor shall they be committed to any jail except when, in the judgment of the county-health officer, no other quarters that are suitable can be provided. The county-health officer must also see that such persons are cared for in a suitable place pending transfer to a state hospital. The law contains provision for temporary care and voluntary admission to the hospitals for mental diseases. It allows the superintendent to parole patients for a period not exceeding twelve months.

The passage of this law was due in large measure to the mental-hygiene survey of Texas that was conducted by The National Committee for Mental Hygiene.

## The Crime and Trial of Loeb and Leopold *

Editorial, *The Journal of Abnormal and Social Psychology*

There are certain aspects of this astounding crime and trial which are of interest to psychopathology and sociology.

We have before us the joint report of the experts for the defense, the individual report of one of these experts giving in greater detail the data, including an anaylsis of the mental traits of Loeb and Leopold, the results of multiform intelligence tests and a study of their inner mental life, etc. We have read largely the press reports of the testimony on the stand and cross-examinations of the experts. We have also the account of the case, just published (*The Amazing Crime and Trial of Leopold and Loeb,* by Maureen McKernan), in the preparation of which the author was assisted by a leading attorney of Chicago and had the coöperation of the state's attorney and the attorneys for the defense. This account, therefore, may be regarded as authentic and, we may assume, leaves out nothing that the state or the defense considers essential. It gives the reports of the alienists for the defense and copious extracts from the testimony of the experts for the state.

"The real contest", as the author rightly states, "was between two sets of alienists. For that reason only their testimony is of real and lasting interest. The state's alienists, who had examined the boys a very short time after the crime, contended that the boys were normal and not mentally diseased.

"The alienists for the defense, on the other hand, contended that the boys were diseased mentally.

"The trial became a contest in psychology, and for days the air was thick with terms—'split personalities', 'phantasies', 'subconscious influence', 'basal metabolism'—which the alienists of the two sides hurled back and forth before the judge." The testimony of these two conflicting groups contains, therefore, the essentials.

As a result of the study of all this material several facts stand out which invite criticism as well as comment.

In the first place the alienists on the two sides represented two different schools of psychiatry—the older formal, orthodox school and a new school of what may be called dynamic psychology. Those of the group called by the state, with possibly one exception, were of the former school, the group called by the defense, of the latter. The

* For a discussion of this editorial see *Some Implications of the Leopold-Loeb Hearing in Mitigation,* by S. Sheldon Glueck, pp. 449-68 of this number of Mental Hygiene.

examinations of the criminals by the state's experts were limited to the traditional inquiries into the mental processes, such as "orientation in time and space", "memory", "stream of thought", "judgment", "attention", responsiveness of answers, "reasoning", knowledge of right and wrong, conduct, superficial motives, etc. Although they had read the so-called Hulbert-Bowman report of the second group of alienists, they, nevertheless, naturally concluded that Loeb and Leopold were mentally normal.

The second group entered intensively into the inner mental life of the criminals, into a genetic study of their mental processes, thus taking into consideration and laying emphasis upon an entirely different and additional class of alleged facts. They accordingly arrived at an absolutely opposite conclusion—that Loeb and Leopold were mentally abnormal. Neither group testified that they were "legally insane", whatever may have been thought by any of them individually.

The two groups did not and were not allowed to make joint examinations, or to be present during the examination by each, or to consult together, discuss and weigh the facts elicited by all the examinations and the possible different interpretations of them—the procedure followed in private and hospital practice.

A conflict of opinion was inevitable.

A study of the testimony forces one to the conclusion that, on the one side, the methods of the experts for the state, while adapted and sufficient to determine whether or not the criminals were "legally insane" according to the law of Illinois—that is, legally responsible for their acts—were entirely inadequate to determine whether in other respects they were mentally abnormal. For this purpose a genetic study of the inner life of Loeb and Leopold such as the experts for the defense undertook was essential. The state's experts represented an antiquated psychiatry and psychology.

On the other side, the group for the defense, in their reasoning, interpretations, and conclusions, as it seems to us, was hampered by a too rigid acceptation and adherence to certain debatable doctrines and theories of a particular school of modern psychiatry and dynamic psychology. Facts, interpretations, and theories were confused, so that what clear thinking can only regard as theory was constantly stated as fact. The terms "abnormal" and "pathological" are sprinkled all through the reports in describing the findings of fact, when the question of abnormality was the very question at issue, thus begging the issue. The attitude of some of the experts, as disclosed by the reports, was obviously colored by the acceptance of doctrines as yet *sub judice* and debatable. It does not seem to have occurred

to them that there were other and equally tenable psychological interpretations of the facts. We do not wish to be understood as pretending to pass an opinion upon the issue whether or not Loeb and Leopold were in fact mentally abnormal. We are only considering the testimony as given. It is a pity that experts do not distinguish more rigidly between fact and theory.

We cannot help believing that if the two groups had been allowed to get together both for examination and consultation, each group would have had a modifying and educational influence upon the other, there would have been an agreement upon facts and mutual recognition of the different possible theories, leaving only the weight to be given to each as divergence of opinion.

The trial became the old, old story of experts lined up on opposing sides giving diverse and contradictory opinions as to the mental condition of the defendants and bringing themselves into undeserved discredit as usual with the public. It is a wonder if the judge was able to form any opinion whatsoever from the testimony of the experts regarding the question at issue—whether Loeb and Leopold are mentally abnormal. The fault was not with the experts, but with the system under which experts are obliged to arrive at conclusions and testify. So long as this system is in vogue in our courts it will be vain to expect anything better. The medical profession has for years endeavored to bring about a change in the system, but has, apparently, given up the job as hopeless. The Institute of Criminal Law and Criminology, composed of judges, lawyers, criminologists, and physicians, after years of careful study of the problem of expert testimony, also has made recommendations for reform, but with equally futile results.

All who have made a study of the present system—judges, lawyers, medical men, criminologists, and others—are agreed that one of the main defects of the system is that the experts, being engaged by one side or the other of the case, are responsible only to the counsel on their own side; and that by the conditions under which they are employed, make their examinations, arrive at opinions, and testify (without consultation with the experts on the other side), they tend to become protagonists of the side by which they are employed. Although the constitutional right of every individual to employ his own experts cannot be denied him, an additional board of experts might be, and in the opinion of those who urge reform should be (as in Germany) appointed by the court, paid by the court, responsible to the court, and make a written report of their findings to the court (subject, of course, to cross-examination on the stand).

Another grave defect is the mode under which the accused in

criminal cases, and the plaintiff for damages in civil cases, is examined. The experts of each side respectively, as with Loeb and Leopold, make their examinations independently. They thus are bound to elicit a different set of facts and arrive at different opinions. They are not allowed to disclose to the other side the facts they have found, they are not allowed to consult with the experts of the other side, to discuss with them the facts and their various possible interpretations. There are various other defects which we cannot go into here.

Is it any wonder such conflicting opinions are given on the stand?

The fault lies at the door of the legal profession which has been as obdurate to any reform as are the Irreconcilables of the United States Senate to the League of Nations. For lawyers have shown themselves unwilling to give up any possible advantage they possess under the present system.

In the Loeb-Leopold case, it ought to be more widely known that the experts on both sides were eager and requested to be allowed to have joint examinations and to confer together over the facts found and make a joint report. It ought, also, to be known that it was not the counsel for the defense, but the state's attorney, who refused the request of the experts of both sides. It is, therefore, with the state that the discredit lies. The state's attorney, plainly, did not want to take the chance of having the opinions of his experts shaken by any new facts that might be brought out in joint examination and conference (though it might have resulted the other way round), and thus upset his theory of the case. While the state's experts did not, as we have said, think it necessary to examine into the inner mental life, at all, of Loeb and Leopold, the experts for the defense based their opinions to a serious extent upon certain psychological doctrines which another modern school of psychology would feel called upon to traverse. We cannot go into these controversial questions at this time. We must be content with remarking that it is a pity that debatable theories should be introduced into testimony as if established and accepted facts, and not as theories.

For instance, it was alleged that these two criminals, though intellectually normal, were emotionally abnormal—that is to say, there was a paucity of emotional reactions—and that, while measuring up by intelligence tests to their full chronological age, they were emotionally undeveloped and did not measure beyond boyhood. One expert on the stand allowed himself to say that emotionally one of them had not developed beyond five or six years of age. This means that a child, or youth, normally exhibits a paucity of normal emotional reactions. This will surprise mothers and fathers, who are generally confronted with the problem of teaching their children

control of their emotions and not of developing them. Even Watson, of the Behaviorist School, in his genetic studies, gives full weight to emotions in infancy.

But aside from this it may be insisted that the grounds on which this denial of the normal emotional life to Loeb and Leopold was based shows, according to the views of this school, a confusion of emotional reactions with sentiments. The grounds were that they showed no pity, remorse, shame, or other evidence of emotional appreciation of their crime and the situations with which they were confronted. It was not denied that they manifested at times the reactions of anger, fear, curiosity, joy, etc., though not, as alleged, adequately.

Here it is obvious that psychological theory is involved; for one school of psychology would maintain that what was lacking in Loeb and Leopold was not emotions, *per se,* but sentiments—the particular sentiments that in the vast majority of people have been cultivated and organized. A child, from lack of experience, is without many such sentiments. Loeb and Leopold explained that they had systematically, over a long course of years, repressed and got rid of all such sentiments.

The principle of sentiments—the organization of emotions with objects and ideas by experience—is theory, but so is the view of the emotional life presented as fact by the experts for the defense without reference to conflicting theories.

This theory of the sentiments would equally well explain the absence of remorse, pity, etc., in these men and their resemblance in this respect to childhood. Children have strong emotional reactions, but sentiments being acquired by experience, at an early age relatively few sentiments have been organized. It does not follow from this, however, that an adult who lacks the ethical and humanitarian sentiments common to the great majority of members of society has "regressed", or has not developed emotionally beyond the age of childhood. Sentiments become easily modified, lost, or changed to their opposites (*e.g.,* love to hatred) by experience, including therein culture, philosophy, and various forms of rationalizing. Witness the pitiless and cruel Bolsheviki, the attitude of the ancient Greek sociology towards women and infants, to say nothing of individuals in modern society. Even phobias, which in principle are sentiments, are easily dissipated. The theory is equally plausible that Loeb and Leopold had simply modified their early sentiments and substituted others in their place as a result of half-baked philosophizing and intentional suppression. And this they distinctly state they had systematically done.

At any rate, one theory is as good as another. The reports of the trial and private information do not indicate that these and other opposing theories were laid judicially before the court, or even that the alleged fact of emotional undevelopment was only theory, or even opinion.

Other alleged facts, but involving debatable and interesting psychological theory, were the part which the phantasies played in determining conduct, the theory of split personalities (based upon the alleged lack of development of the emotions), the criteria of what are normal and abnormal ideas, sentiments, etc. But these and other contentions we cannot go into.

We are forced to the conclusion that the opinion of the state's experts is negligible in that they neglected to examine adequately into the inner life of the two criminals and therefore only half examined the case; and that the experts for the defense did not prove their case—requiring the Scotch verdict of "not proven". This seems to be the implication of the decision of Judge Caverly, who plainly and quite rightly, we think, was not impressed by the testimony.

The impression left upon us, after a careful study of the reports, is that of there having been read into the evidence as facts what really are only psychiatric doctrines taught by the newer and more advanced school of psychiatry.

We will simply note, in passing, that if the ideas of right and wrong, and the absence of the conventional sentiments with their emotions, and the conception of the superman held by these two callous and callow youths are abnormal, as termed in the reports, then we must likewise hold that the old Greek philosophers, the Sophists, as interpreted by Plato, were also abnormal, and likewise, in these modern days, the disciples of Nietzsche, for in these respects the ideas, sentiments, etc., of these philosophers were precisely identical with those of Loeb and Leopold.

As we have already pointed out, we believe that the responsibility for the contradictory opinions given by the two groups of experts may be laid to the present indefensible method of judicial procedure rather than to the distinguished psychiatrists.

We do not wish to be understood to presume to express any opinion as to whether the culprits are mentally normal or abnormal. Our comments and criticisms relate only to the psychological and psychiatric principles involved in the expert testimony. We might venture to say, however, if we were forced to express an opinion based solely on the testimony we have read, that probably Loeb and possibly Leopold were theoretically abnormal, though fully respon-

sible for their crime, and we can see no mitigating psychological circumstances.

### Fellowships in Neuropsychiatry

The most notable plan for promoting graduate study in mental hygiene that has yet been instituted in this country is to be put into effect by the Commonwealth Fund of New York City in collaboration with the Graduate School of Medicine of the University of Pennsylvania. The plan, which was formulated in recognition of the growing demand for trained leaders in the field of mental hygiene, is as follows:

I. The Commonwealth Fund, because of its desire to make available medical men duly trained in neuropsychiatry with special reference to child-guidance problems, undertakes to provide a group of fellowships in neuropsychiatry in the Graduate School of Medicine, University of Pennsylvania.

II. The foregoing is in harmony with the activities of the Graduate School of Medicine, University of Pennsylvania.

III. A physician in order to be eligible as a fellow in the premises must have the following minimal qualifications:

a. Age from twenty-five years to thirty-five years inclusive;
b. Graduate of a Class A medical school;
c. One year's approved interneship;
d. Satisfactory references;
e. Approval of personal and professional status.

IV. Each fellowship to be upon the basis of three years' (thirty-six months') work—one year fundamental, one year practical, one year investigative.

V. 1. Begin in mid-October and continue until mid-June with:

a. Laboratory studies of comparative anatomy, human embryology, neuro-anatomy, neuro-physiology, neuropathology and autopsies—two-thirds of scheduled time for period;
b. French or/and German and psychology (psychometric, vocational)—one-sixth of scheduled time for period;
c. Selected neurologic and psychiatric and child-guidance clinics, instruction in the latter to include method and theory of social case-work—one-sixth of scheduled time for period;
d. Unscheduled work in pertinent medical literature, meetings of neurologic and psychiatric societies and study—two hundred to four hundred unscheduled hours for period.

2. Continue until mid-October as resident in psychiatric hospital—full time for period.

3. Continue until mid-June with:

a. Laboratory studies of biochemistry, serology, and neuropathology with special reference to psychiatric problems—three-eighths of scheduled time for period;
b. Handling of patients in psychiatric, child-guidance, and neurologic clinics and wards—three-eighths of scheduled time for period;

c. Preparation of a text or monograph upon an assigned pertinent subject and/or original paper for publication—one-quarter of scheduled time for period;

d. Duplicate of 1-d.

4. Duplicate of 2.

5. Continue until mid-June with:

a. Research and preparation of publication thereon in field of child guidance from the standpoint of the specially trained psychiatrist—one-half to three-quarters of scheduled time for period;

b. Child-guidance-clinic work—one-quarter to one-half of scheduled time for period;

c. Triplicate of 1-d.

6. Triplicate of 2.

VI. For the establishment of these fellowships the Commonwealth Fund will appropriate to the Graduate School of Medicine, University of Pennsylvania, the sum of $12,000 a year for three years, the division of this sum into fellowships to be made as herein indicated (Par. 9).

Funds for the fellowship stipends will be furnished, at appropriate dates, to the treasurer of the University of Pennsylvania, who will in turn make payment, on a monthly basis, to the fellow.

The fact that during three four-months periods the fellow is to be in psychiatric-hospital residenceship constitutes a total virtual addition of (an estimated) $600 to his stipend, since maintenance for this total period is provided by the hospital.

VII. The herein fellows shall be candidates for the degree of doctor of medical science, Sc.D.(Med.), for graduate work in neuropsychiatry, said degree conferrable in mid-February following the completion of the thirty-six months' candidacy as above; but the candidate is not expected to remain in university attendence in the period from mid-October to mid-February. During the candidacy the fellow must comply with customary academic regulations. The most important of these is that if the work of the fellow is unsatisfactory, the fellowship, etc., must terminate. Appraisals of work will usually occur at the termini of the six periods mentioned under caption 5. For example, the candidate would be unsatisfactory if the monograph (V, 3, c) presented by him showed him to be unfitted properly to consult medical literature and make a creditable critical review thereof.

VIII. A physician who can present the minimal qualifications (see III), and who can in addition present qualifications paralleling certain of those intended for him to acquire during his candidacy, will be given appropriate time and subject credits, but the maximum time credit would be twenty-four months and no subject credit could exclude the research requirement.

IX. The fellowships shall be administered by a joint committee composed of the following persons: Dr. G. H. Meeker, Dean, Graduate School of Medicine, University of Pennsylvania; Dr. T. H. Weisenburg and Dr. Edward A. Strecker, of the Graduate School of Medicine; Miss Mildred C. Scoville, The Commonwealth Fund; Dr. Frankwood E. Williams, Medical Director, The National Committee for Mental Hygiene;

Dr. Ralph P. Truitt, Director, Division on Prevention of Delinquency, The National Committee for Mental Hygiene.

The function of the fellowship committee shall be as follows:

1. The selection of fellows;
2. Determination of the amounts of fellowship awards;
3. Specification of time assigned to subjects within the group-time allotments;
4. Termination of fellowship awards for any reason other than dismissal by the dean of the Graduate School of Medicine, which action shall in itself terminate a fellowship award.
5. To rule as necessary upon points within this plan;
6. To make such changes in the plan as may be found to be desirable.

The Graduate School of Medicine of the University of Pennsylvania in which the fellowships have been established holds a prominent place among the graduate medical schools of the country. For the training of the fellows it will have at its disposal, not only its own facilities, but those of the university proper as well. Moreover, affiliated special hospitals and clinics will be available as training centers. The instruction and training in psychology, social work, and clinical child-guidance work will be given by members of the staff of the All-Philadelphia Child Guidance Clinic, one of the demonstration clinics financed by the Commonwealth Fund and conducted by the Division on the Prevention of Delinquency of The National Committee for Mental Hygiene.

The opportunities offered by the present plan become evident when one considers that the best available training in neuropsychiatry has hitherto been confined to work in the office of a private physician or to service in hospital wards, involving about the same amount of time as the course outlined above, but lacking many features essential to a well-rounded professional equipment for work in extra-mural psychiatry.

Communications with regard to the fellowships should be addressed to the Dean of the Graduate School of Medicine, University of Pennsylvania, Philadelphia.

### Report of the New York State Hospital Commission

The annual statistical review of the New York State Hospital Commission for the year ending June 30, 1923, gives the number of insane patients on the books of the state hospitals and licensed private institutions as 43,941—41,302 in civil state hospitals, 1,507 in hospitals for the criminal insane, and 1,132 in private institutions. These figures represent an increase over 1922 of 411 for the civil state hospitals, 32 for the hospitals for the criminal insane, and 259 for the private institutions. The increase would have been much

greater if it had not been for the activities of the medical examiner's office, which brought about the removal of 442 alien and 583 non-resident insane from the state during the year. In the civil state hospitals there were 2,514 more females than males on the books and in the private institutions 10 more; in the hospitals for the criminal insane there were 1,229 more males than females.

The report shows an increase of 122 over the previous year in the number of patients on parole from the civil state hospitals at the end of the year and of 210 in the average daily number on parole. This is in line with the steady increase that has been taking place since 1910 as a result of the extensive development of the parole system through out-patient clinics and the employment of social workers to supervise and assist in the adjustment of patients on parole. In 1911 the number of parole patients on the books at the end of the year was 711 and the average daily number 783; in 1923 the number at the end of the year was 3,300 and the average daily number 3,338.

During the same period there has been an increase also in the number of paying patients in the civil state hospitals. In 1910 those patients constituted 8.1 of the total number of patients; in 1922 and 1923, 12 per cent were paying patients. The total amount collected from them during the year was $1,378,335.32, a gain of $81,498.98 over the amount collected the previous year.

There were 6,900 first admissions to the civil state hospitals during the year, a decrease of 115 as compared with 1922. The psychosis most frequently represented among them was dementia præcox (1,811 cases). Next in order were manic-depressive insanity (977 cases), general paralysis (813 cases), senile psychosis (737 cases), and cerebral arteriosclerosis (605 cases). There were 276 cases of alcoholic psychoses, 50 more than in 1922, continuing the slight upward trend in alcoholic first admissions that has been evident since 1920. In 1917 they constituted 8.6 per cent of the first admissions to civil state hospitals; in 1920 they had dropped to 1.9 per cent. In 1921 they rose to 2.8, in 1922 to 3.2, and in 1923 to 4 per cent. Information with regard to the use of alcohol was secured in 6,402 cases. Of these 3,657 were reported as abstainers, 1,859 as temperate, and 886 as intemperate. There were 22 cases of drug psychoses—.32 per cent of the 6,900 first admissions. A table of the yearly percentages of drug psychoses since 1909 shows a good deal of variation from year to year, but no marked trend either upward or downward. The percentage of alcoholic psychoses was higher among the 185 first admissions to the hospitals for the

criminal insane than in either of the other types of institution—9.7 per cent as compared with the 4 per cent among the 6,900 first admissions to the civil hospitals and 1.5 per cent among the 410 first admissions to the licensed private institutions. The percentage of psychoses with psychopathic personality was also a good deal higher—19.5 per cent as compared with 2.5 per cent for the civil hospitals and 1.2 per cent for the private institutions. On the other hand the percentage of manic-depressive psychoses among the admissions to the hospitals for the criminal insane (3.8) was lower than the percentages among admissions to the civil hospitals and the private institutions (14.1 per cent and 22.1 per cent, respectively).

As in 1922, almost a third (32 per cent) of the first admissions to the civil state hospitals fell in the age group from thirty to forty-four. Eleven per cent were seventy years of age or over as compared with 10.4 per cent in 1922. The most striking change was in the groups under fifteen years, which increased from 18 cases in 1922 to 37 in 1923.

Temperamental make-up was reported as ascertained in 5,834 of the first admissions to civil hospitals. Of these 2,381, or 40.8 per cent, were considered temperamentally normal and 3,453—59.2 per cent—as temperamentally abnormal—that is, seclusive, over-active, depressive, unstable, suspicious, irritable, sexually abnormal, or the like. Over half of the dementia-præcox cases—56.9 per cent—were classified as seclusive. The highest percentage among the manic-depressive cases—39.4 per cent—was in the temperamentally normal class. Intellectual make-up was ascertained in 6,068 cases, of which 5,069, or 83.5 per cent, were considered normal and 999, or 16.5 per cent, subnormal.

As to economic condition, 543, or 7.91 per cent, of the 6,900 first admissions were reported as dependent; 5,587, or 81 per cent, as in marginal circumstances; and 709, or 10.3 per cent, as comfortably situated.

Six thousand, one hundred, and seventeen (6,117) cases, or 88.7 per cent, of the 6,900 were admitted from urban districts; 768 cases—11.1 per cent—from rural districts. For the urban districts, the rate per 100,000 of general population was 67.5 and for the rural districts 44.1.

The percentage of foreign born among the first admissions to the civil hospitals was 44.5 per cent as compared with 45.6 in 1922 and 45.4 in 1921. As to race, 315, or 4.6 per cent, were African; 307, or 4.4 per cent, English; 788, or 11.4 per cent, German;

748, or 10.8 per cent, Hebrew; 1,175, or 17 per cent, Irish; 555, or 8 per cent, Italian; 399, or 5.8 per cent, Slavonic; and 1,773, or 25.7 per cent, of mixed race. In 242 cases, or 3.5 per cent, race was not ascertained.

The distribution of the various psychoses among the several racial groups was practically the same as in previous years. "It seems evident, therefore", the report states, "that we are here dealing with fairly constant phenomena and that racial characteristics and habits are important factors in causing or preventing certain types of mental disease. In other words, some races are affected with certain mental diseases to a great extent than others." The highest percentage of senile psychoses was in the Irish group—16.3 per cent; the Germans ranked next with 13.6 per cent, and the racially mixed third with 11.6 per cent. The African group had the highest percentage of general paralysis—17.1—followed by the Italians with 15.3 per cent, and the racially mixed with 12.5. The highest percentages of alcoholic psychoses were in the Slavonic group (11 per cent), the Irish group (6.8 per cent), and the German group (3.2 per cent); and the highest percentages of manic-depressive psychoses among the Hebrews (21.3 per cent), the Italians (18.4 per cent), and the Africans (14.3 per cent). In every group the percentage of dementia præcox was noticeably higher than that of any other psychosis, especially so in the Slavonic and African groups, of which over a third (38.6 per cent and 34.0 per cent respectively) were dementia-præcox patients.

Exclusive of deaths and transfers, the civil state hospitals discharged during the year 4,347 patients, of whom 42 per cent were discharged as recovered, 24.2 per cent as much improved, 19 per cent as improved, 13.2 per cent as unimproved, and 1.7 per cent as without psychosis. The general prognosis of the various disorders is fairly well indicated by the percentage of recoveries in each group. Very low recovery rates were found among patients with senile psychoses, general paralysis, Huntington's chorea, brain tumor, dementia præcox, and paranoia, while high rates were found among the alcoholic and drug psychoses, the psychoses due to somatic disease, the manic-depressive psychoses, and the psychoneuroses. Many dementia-præcox and paranoic cases, however, were discharged as improved.

During the year covered by the report, 3,955 patients died in the civil state hospitals—2,045 males and 1,910 females. The death rates in the several clinical groups vary widely, high rates being found in the senile, arteriosclerotic, and paretic groups, and low rates in

the dementia-præcox and psychoneurotic group. The average age at time of death was 56.2. It is worthy of note that 36 per cent of the patients who died were over 64 years of age; 26 per cent were 70 years or older. The average age at death is higher every year for the females than for the males. In 1923 it was 54.6 years for the males and 57.9 for the females.

The average time spent in hospitals for the insane by patients who died was 6.1 years—5.4 years for the males and 6.8 for the females. Each year the hospital life of the females who died is longer than that of the males. Great differences also appear between the various clinical groups. Of the patients who died in 1923, the average period of hospital life was 15.4 years for the dementia-præcox cases, 12.6 years for the paranoic cases, 11.8 years for the alcoholic psychoses, and 11.3 for the syphilitic psychoses, while for the cases of cerebral arteriosclerosis it was 1.1 years, for the cases of general paralysis 1.4, and for the senile psychoses 2.3. More than 28 per cent of the deaths in 1923 occurred during the first three months of hospital residence; 11 per cent occurred after a hospital residence of twenty years or more.

Six hundred and eighty-one, or 17.2 per cent, of the 3,955 deaths were caused by general diseases; 1,073, or 27.1 per cent, by diseases of the nervous system; 1,335, or 33.8 per cent, by diseases of the circulatory system; 461, or 11.7 per cent, by diseases of the respiratory system; 123, or 3.1 per cent, by diseases of the digestive system; and 201, or 5.1 per cent, by diseases of the genito-urinary system.

### Syphilis Among Negroes

In an address before the National Conference of Social Work last year, Dr. Louis I. Dublin gave some statistics with regard to recent changes in Negro mortality, based upon the nearly two million Negroes insured in the Industrial Department of the Metropolitan Life Insurance Company. Dr. Dublin's figures were in the main encouraging, showing a general improvement in conditions that make for health among the colored population. The dark spot in the picture was the prevalence of syphilitic infection.

"Syphilis and its sequelæ", Dr. Dublin stated, "are not declining, but are indeed becoming more widespread and are causing more and more deaths among the colored people each year. In 1923, the death rate from syphilis, locomotor ataxia, and general paralysis of the insane (the last two of which conditions are syphilitic in origin) was 38.7 per 100,000. This is almost double the rate of 1911 (20.4). It is possible, of course, that some of the increase is the result of franker and better reporting of these diseases by physicians,

but I doubt very much that that is sufficient to explain so marked an increase. The fact remains that the rate for colored persons is close to four times as high as for whites. This unsatisfactory situation, of course, is not limited to the insured, but is found very generally in the colored population. In New York City, there has been an increase of practically 50 per cent from this cause in the interval between 1910 and 1923. The disease is apparently working havoc among the colored people who are congregating in the cities of the country. Possibly the worst effect is on the new generation. The disease takes it greatest toll among the infants in the first month of life and is, in fact, the principal cause of stillbirths that occur so frequently among colored women.

"The disease also accounts for a great many deaths later in life which are ascribed by physicians to heart and arterial diseases, as well as to other conditions, including tuberculosis. The greatest service that could to-day be rendered to the colored people would be to help them check the spread of this condition. The campaign against the venereal diseases has apparently not begun to be felt by the colored communities. A very profitable field for service is waiting to be opened up. Possibly much good may also come when more emphasis is placed on the importance of the annual physical examination among colored people. This should result in disclosing many cases of syphilitic diseases at a stage when they can still be cured. Prenatal work among colored women which insists on a Wassermann test as a condition for the service should prove to be a powerful agency in disclosing syphilis and should lead to the treatment of large numbers of patients. The hope of the future among Negroes lies in their ability to bring the scourge of syphilis under control."

### The Alleged Child Addict

Editorial, *The Medical Times*

Despite the insistence of some citizens, New York City officials who ought to know deny that drugs of the narcotic class are sold to school children in the streets and elsewhere. Dr. Carleton Simon, for example, states that there is not a single case on record of any school child being a drug addict. He has never seen a school pupil who was a drug addict. This testimony is confirmed by officials of the Society for the Prevention of Cruelty to Children and by Mary Hamilton, policewoman.

It has been suggested that earnest and persistent allegations of this sort are psychologically similar to war-time atrocity tales and not particularly creditable to those who originate or repeat them or indicative of a high degree of intelligence.

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# MENTAL HYGIENE

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## INDIVIDUALISM AND THE ORGANIZATION OF NEUROPSYCHIATRIC WORK IN THE COMMUNITY*

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IT IS just ten years since I discussed before the Conference of Social Work the organization of a community into districts with a constructive community program and a review of the available helps for mental-health problems obtainable through district and community organization. When I undertook to review the problem again for this occasion, I became very conscious of a profound change that has taken place—we might almost say a temporary revolt against organization of the type I looked forward to and an emphatic assertion of individualism. I feel to-day the urge to deal with the new problems that have come to the front through the trend of the times in the direction of individualism and certain counter movements.

How can we learn to organize our work and forces in keeping with the ever more largely individualistic mood of the times? I hope to show that mental hygiene has from the start been headed in a promising direction by turning more and more to a dynamic conception of man instead of fixed traditional notions, and to a broad interest in the beginnings of difficulties, in addition to its concern for the mending of full-fledged trouble.

Nearly twenty years ago Clifford Beers came to me, recommended by Dr. Stewart Paton and William James, with the page proof of his personal experience in the land of

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mental disease.[1] He was full of a zeal for reform, anxious to have the legislators of every state stirred to investigate the asylums. Fortunately, his fundamentally broad bringing up allowed him to rise enthusiastically to the suggestion of turning his whole energy toward the constructive task of what we then decided to call mental hygiene. Not that we turned our interest away from the so-called asylums and the full-fledged patients inside and outside of those institutions, but we thought more of each patient as an individual and of the conditions under which we might get at the root rather than at the consequences of troubles.

One of the first preparatory steps in practical spheres probably had been the introduction of the indeterminate sentence and the parole system in our prison reform. That which the older Christian teaching alone does not seem to have been able to bring about—*i.e.*, a fundamental obligatory desire for understanding and forgiveness and a melioristic and helpful interest instead of punishment—was to take root in the reformatories on grounds of common sense. There evidently were cases and spheres in which the doctrine of retaliation had to yield to the recognition that those who are caught are not necessarily worse than those who are not caught. The decline of faith in purely verbal goodness makes many of us realize more of our own undesirable tendencies and actions as well, and inclines us to be more patient with our less successful fellow beings.

A most practical influence in the right direction came from such places as the juvenile court, with its introduction of equity principles and a spirit of helpfulness instead of prosecution. Then came the work of Dr. Healy and others, which pointed to the extension of the study of behavior problems to schools and even to the pre-school period. Our 1914 survey of a school district in Baltimore was followed by surveys of the school populations in numerous states, all of which have given us a demonstration of the need of attention to mental difficulties in their beginnings. It is not only the feebleminded that constitute the 10 per cent of all children who ought to be studied before they are ruled or allowed to rule themselves.

[1] *A Mind that Found Itself.* By Clifford Whittingham Beers. Fifth edition, revised. Garden City, N. Y.: Doubleday, Page, and Company, 1924.

There is to-day a general awakening to all kinds of behavior problems, demanding a working together of school and parent. The habit clinics were developed, and since then The National Committee for Mental Hygiene has been enabled to establish its child-guidance clinics, nominally for the prevention of delinquency, but really a step toward reaching the broader needs of health, happiness, efficiency, and social adaptation.

We are at times made to believe that all our mental-hygiene work and effort aims largely at the prevention of "insanity and crime", just as the early advocates of psychopathic hospitals made it look as if, through the creation of a psychopathic hospital in each state, the existing state-hospital care would then be made less expensive and perhaps in part unnecessary. To be sure, early work means a heading off of some of the disastrous depth of aberration and deviation and much unnecessary blundering. But the chief goal is much more direct; it offers prompter and more and more enlightened help both to patient and family and to the community in respect to really new problems, largely left to themselves before; it is a direct service to the positive needs and opportunities of the community in behalf of what I reëmphasize as health, happiness, efficiency, and social adaptation.

With the espousal of mental hygiene a totally new conception of problems thus comes before us, many of them problems concerning which the older generation was held in line by rules from above—by rules of authority and tradition, of law, and of strict group regulation, whereas to-day the individual claims his right to his own decisions and to freedom from domination and from the hard old principle of "bend or break". It does not do much good to debate which régime is better. We have them both, and rigorous scientific statistical methods will some day tell us what mixtures will do best for the various temperaments. Mixtures they will be.

In the days of our grandparents and parents, the measure of everything seemed to lie in tradition and in obedience to more or less unreasoned and undisputed standards of custom and undisputed spirituality upheld by the culture of the day. When explanation and change of behavior were looked for, it was only rarely that one thought of calling a physician. To-day many issues that were formerly simple problems of

morality and custom have become issues that the individual wants to settle for himself or herself, but also issues in which the individual should be able to look to the physician as a helper and advisor, because the physician thinks and works in terms of study of cause and effect and not in terms of mere tradition and authority. Medical help in life problems may have started with tonsils and adenoids, but soon developed also a regard for sleeping habits and for emotional maladjustments and the like.

A number of developments conspired to bring home the dynamic-genetic trend of things. In the education of children we hear little to-day of "breaking the will" and blind obedience; and in the management of labor new principles of the maintenance of happiness and of efficiency came into prominence, no doubt to quite an extent feeding on, and in turn producing, new conceptions of philosophy and morality and biology in general. The example of economists like Carlton Parker, and of educationists like Colonel Parker and John Dewey, and a growing confidence in common sense, and perhaps also in modern psychopathology, put more and more emphasis on the inner needs of the individual and far less on the necessity of merely conforming to traditional authority-determined patterns. The child and the adolescent were ever more encouraged to develop confidence in their own natures. There is no doubt that with all this the retorts, "I can't help it", and, "I can't change myself", became more and more general and also acceptable, or at least were condoned; excuses by heredity and by various external and internal influences began to count beside the traditional exclusive appeal to responsibility and obligation alone. The whole sense of discipline—that is, the ability to learn and to follow the leader—was perhaps too hastily reversed into a doctrine of mere growth and self-development. However that may be, the problem of happiness and success is becoming recognized to a greater extent as a problem of hygiene or health, and not merely one of conformity to the teachings of tradition and goodness alone; moreover, hygiene is found to depend to an overwhelming extent upon the condition of the organism, heredity and eugenics, the proper nutrition and growth, the habit training—and not only on the acquisition of knowledge

and of some practical resources, but also on the emotional attitude, the development of one's innate capacities, and a reasonable respect for the instinctive desires and tendencies. Not that we would claim that what we call hygiene should or could allow us to disregard all the wisdom of ages laid down in tradition. But many traditions, even when handed on under the authoritative stamp of revelation, have been found to have flaws and to profit from consideration and study, akin to the work on the problems of hygiene generally. Even the fundamentalist is willing to see imperfect, although sometimes very wise attempts at hygiene in *Deuteronomy,* attempts which, with the growth of knowledge and insight, he has long adapted to new times. With the habit of studying facts in manageable parts and not mainly as whole systems of philosophy and of dogma which had to be swallowed as wholes, more people have become confident of their own ability to form reasonable opinions. (We have there the same evolution as in the attack of the sciences of physics and chemistry on vitalism.) This same evolution and growth is what had, during the last four hundred years, led to the formation of new groups of religious and social denominations, and to some extent to greater individuality, especially among the Nordic peoples. But most of the groups still were held together through the venerable bonds of revealed authority, and the criterion of "fitness to belong" with the elect remained whether or not the individual was able to swallow the prescribed dose of forced belief and dogma. With the recent change the force of these influences has lessened tremendously, and it is actually up to modern mental hygiene to bring back on the new basis a new respect for a new spirituality and morality and conscience.

The question now arises: How can we actually make good in such a situation? What is there that we can put at the disposal of the individual?

Individualism has brought us a remarkable gain in frankness and also a demand for consideration of personal rights and dignity.

The first point we have gained is an assurance of respect for individual differences and the abstaining from invidious comparisons. Not that we have reached perfection on this important point. Last year I heard one of our leading officials

explain the selective distribution of immigrant labor on the principle that we need foreigners to do the dirty work and to attend to the undesirable jobs. In any civilization there are all kinds of jobs adapted to all kinds of intelligences, and none so small or so big that it would not be honorable to any one who does it honorably. It is a kind of snobbish reasoning that creates the reverse foolishness, the idea that a chance for a college education should be called the ideal for everybody. Why not stand for the good sense of fitness and respect for fitness?

Most people are interested in Binet-Simon tests of others—and in their own only if they come out well. To get these tests on a level of acceptability and real usefulness, we have to show that we do not use them to label and brand people, but to give them the right kind of start, help, and guidance for fitness and happiness, constructively and in a spirit of helpfulness, rather than for any condemnation or for an invidious classification of inferiorities.

It looks very much as if there were developing a tendency to accept the fact of difference between individuals with a less brutally competitive attitude. We learn to be more objective and thoughtful. The intelligence test is but one line of human evaluation. No matter how keenly we may favor the more intelligent types from a eugenic point of view, it is about time that we recognize that there are perfectly good and useful imbeciles and that it is the use, and not only the quantity, of the assets which decides the individual's desirability. Similarly, we see wide differences in the lines of sensitiveness and capacity to do various things, and with the proper thought and understanding we recognize greater possibilities of finding and using opportunities for the unusual as well as the ordinary make-up.

Similarly, it is again the helpfulness and resourcefulness of the investigator that will determine the acceptability of inquiry into any blundering and the study of personality problems and the need of advice, according to whether it is handled in a spirit of superiority or of service.

All this constitutes a fundamental and necessary adjustment of attitude.

To advise any one to see a psychiatrist is less and less like

a charge of insanity; it is an occasion to take stock with the help of one with a wider range of experience, used not for incarceration, but for helpfulness towards one's best place and one's health, happiness, and efficiency, and social adaptation. The *New Republic* (May 27, 1925) added insult to injury with its discourse on an imputation of "insanity" in the request by the president of Princeton University that the writer of a scurrilous article in the college paper retire or have himself examined by Dr. Paton. The president would no doubt have done better to investigate the problems of the student quietly before suppressing the paper, instead of allowing the examination by Dr. Paton to be turned into a quasi-punitive measure. But why should a progressive journal indulge in rehearsals of archaic, superannuated, and incorrect associations with the obsolete word insanity?

In the face of all the diffculties, there is no doubt that increasing numbers of people are reaching out for help, perhaps not always with complete simplicity of purpose. All those of us who are sometimes consulted in connection with problems of marriage know very well that one is oftener consulted for the corroboration of decisions already secretly made, or for the corroboration of doubts which the one or the other has not the courage to utter, than with any genuine readiness to get a review of all facts and to use them all for clearer thinking and clearer decision. There is an intrinsic tendency to favor the romance of the moment, and to minimize the responsibilities of experimentation. One is too often consulted merely to strengthen the authority of the parent, and even the teacher, and that before all the parties concerned have had their say and their show. On the other hand, there is no doubt that an immense amount of good is coming from the widespread encouragement to seek at least discussion; and with this recognition comes a great sense of obligation on the part of us teachers to provide a body of advisors standing on well scrutinized ground.

We have to-day an ever-growing number of would-be helpful agencies and enterprises, most of which, however, have all the characteristics of pioneer work. They are exceedingly individualistic and in many ways an expression largely of what the leader would like to do for himself or

would like to have obtained some time for himself. What is needed is a clearer and clearer recognition of the objective needs, irrespective of one's own personal yearnings, and a singling out of problems which everybody can recognize as topics requiring objective study, a body of concrete facts generally applicable—concerning such matters as the balance of work and play and rest, the management of discontent, of disappointment, the acceptance of one's grades and the proper reaction thereto, the reaction to criticism, the family problems, the choice of time and conditions for pregnancies, the economics and practice in the care of the mother and infant, the care of the child in the family, in school, during adolescence, and the care of that greatest duty of the adult, that of being a reasonably helpful and steadying, rather than disconcerting, example for the growing generation and influence in the groups.

There is a great gain in concreteness, and with it in the possibilities of learning and teaching the needed facts.

None of us can boast of enough knowledge concerning human behavior and adaptation, and not enough opportunities have been created to learn more and grow more. Most of it is being learned on a more or less patient or impatient public by variously judicious beginners, unfortunately under all kinds of enticing futuristic propaganda, with an eager public looking for the millennium.

The best sources of training to-day are those that provide experience in the whole rank and file of pertinent problems, such as only a few centers can bring within reach. Unfortunately, contact with every one of these fields requires considerable time. It may partly be condensed by attendance at the meetings and participation in the work of the welfare organizations, some contact with schools and with the juvenile-court and domestic-relations-court work, some work with the habit clinics, and last, but not least, some contact with the psychiatric dispensaries and with the psychiatric hospitals and their social work.

A number of ways are open to meet the natural difficulties. It may be some time before we can attain an organization of the community into the ideal districts suggested by me ten

years ago; but there are several nearer ways open to hasten progress.

1. The most perfectionistic scheme is that of the trial clinics imported with means and personnel from the outside. This no doubt is a favored situation, and it will succeed in proportion as it brings about also the coördination and utilization and training of local workers.

2. A simpler scheme, not sufficiently used as yet, would be that of having a specially trained organizer bring about an organization of the workers and interested persons of the community, such as teachers, nurses, physicians, and various social agencies, of churches and the like, for regular demonstrations and discussions of the common problems. A great deal of mental hygiene is like grammar and composition, something to be acquired incidentally in every branch of work. An experienced field worker could readily elicit from workers in all possible spheres the material for most stimulating discussions of the ever-returning questions. Here and there a local leader will arise, and a group will form.

3. In either plan one will have to see to it that as soon as possible we bring most of the trial work on a basis that can be maintained in any community and not only in the specially favored ones. Much can be learned from the experience in spreading other health problems, such as the fight against hookworm, calling for an arousal of interest in all the active strata of a population.

4. Along with this principle of greater economy, I want to urge that of simplicity and the cultivation of sane common sense as the most telling measure of wisdom and balance of a program. I am a little bit suspicious of those who claim too much of a special "psychiatric technique". There is no doubt that experience teaches us certain procedures, but as soon as they fail to present themselves in terms of plain common sense, I wonder how much is sound in these theories and in their use. I advise the rank and file to keep hands off from both elaborate hypotheses and elaborate methods until the methods and procedures are sufficiently clear to be really incorporated in plain, though critical common sense.

The wisest help will, therefore, come from developing specially talented field workers and field instructors, and

these had best be trained in what I might call survey of surveys—*i.e.*, in the dispassionate study of work performed, under all kinds of conditions, including those that figure as models, but also the simplest. Some good beginnings have been made in following up the usefulness of dispensary work, of the boarding out of children in contrast to institutional care, and the like. Yet we still are deplorably ignorant of the actual results of our good efforts and good intentions, and since our experiments take years to allow of an estimate of the final returns, we have to favor all the efforts to make the work controllable and fit for subsequent study and to cultivate investigation and investigators. I am anxious that every organizing agency give adequate attention to providing a margin for the reviewing and evaluation of its work and the results thereof. We have to create the foundations for future work with the modern statistical methods that will bring us a necessary and helpful check, with a wholesome perspective of the needs and the available opportunities and the effectiveness of our efforts.

Hand in hand with improved organization of work and workers will have to go the development of a sane public opinion. To-day the public is sadly overfed by propaganda and also by the specially fashionable present-day anti-propaganda of sneering, always suspecting wholesale attacks upon the rights of the individuals, and raising the defense against so-called "uplift".

We have no doubt an exceedingly difficult task before us to live down the opprobrium of "uplift" and of "job-holder". It has become a very popular slogan used mercilessly by the press to gain popularity with the large numbers. There will always be far more potential victims of "uplift" than uplifters, and more subscribers to the newspapers to be gained by catering to the large numbers through flattering their supposed independence, from playing on the rights of the individual up to the playing on states' rights. It is easy to speak of religious and political freedom, but fatal to help sinister forces use the strongest weapons in mass psychology, the spreading of vague fears and suspicions, against all those who have the courage of convictions and cannot remain everlastingly passive. The only dependable remedy on our part

is a clear and intelligible demonstration of what we do and aim at.

It is always a good rule for missionaries to make sure that they succeed first at home, and certainly we social workers have to furnish a specially good accounting of what we stand for. It is also preëminently important that we should be able to prove ourselves well-balanced and especially thoughtful also in the great task of dealing with the accumulated wisdom with respect to habits of life and habits of thought and habits of feeling, æsthetic, moral, and religious; capable, when called upon, of a helpful vision of spirituality and morality and conscience.

We all have—or surely most of us have—almost instinct-like thought and feeling tendencies which represent the very soul of human nature, and which we want to learn to understand in each other and share with each other—if possible without dogma and without insistence on specific revelations, because others may have grown up to live by other "revelations" than those of our own personal leaning.

The social worker and mental-hygiene worker has to meet and coördinate very heterogeneous elements. To do so he has to have an unusually well-balanced philosophy.

The problem of how to blend allegiance to group convictions and to the great ideal of political and religious freedom for which our Constitution stands is no doubt the most difficult problem to rise to. Yet I include it in the program of mental hygiene of community, town, state, and nation.

Present-day individualism unfortunately has a tendency to maximalistic extremes. In its Russian debauch it has landed in one of the most high-handed forms of minority rule, akin to the "head on" or "head off" rule of the French Revolution. It becomes a more or less benevolent group despotism. In the Fascisti methods in Italy and in the Klan methods in this country, individualism loses itself in a more or less strongly organized and more or less well-intentioned, but after all very dangerous usurpation of government by groups and principles not accountable to the whole. Sometimes it is Bryanesque self-sufficiency falling back upon sectarian assertions of revelations of the past. Sometimes it is the futuristic gospel of elimination of all "repression", and the idolatry

of the instinct, where we might well develop more faith in the irrepressibility of real genius, remembering that real genius is not lawlessness, but shows in the natural and spontaneous espousal of what comes nearest to reality.

Here again I feel that our mental-hygiene philosophy is ready to meet individualism without antagonism. We admit that groups have a right to enter upon agreements as to what they would like to take for granted with those who claim to "belong". But groups have to remember that they are groups among groups, and that conditions of belonging should be open.

It is not wise to talk too glibly of one-hundred-percentism. Nobody can know just what this is or should be. What we want is wholeheartedness and fairness and a willingness to learn to understand and know one's neighbor. But it is also our duty to try to make ourselves understood. This, I feel, we can do without the big stick of authority, and without enforced dogma, either political or religious.

One of the biggest conflicts to-day is that between two types of fundamentalists—those who seek their foundations and facts in revealed tradition and those who, with just as much respect and devotion for God and God's creation and true religion, seek the foundations and facts in the ever-progressive revelations of objective experience. Even revelation has its growth from primitive to more mature forms. A sense of intuition and revelation will always be an essential experience of human nature. There have been inspirations at all times. Unfortunately, too many think of inspiration and revelation only where some mysterious influence claims to be at work and they do not sense adequately the still greater happiness over every step that will lead us closer to observation and to the utilization of generally observable fact in constructive work.

I recently had my attention drawn to a dictum of Commodore Maury, one of our great government scientists: "When, after much toil", he says, "I have discovered a law of God's nature, I feel that I have thought one of God's thoughts, and I tremble." One might well tremble at such an exalted conception of science—calling it thinking God's thoughts. One might tremble at the thought that some one might want to see more in the thought than in the fact, and turn it into a

dogma. Dogma is a law of agreement and acceptance of authority and discipleship, but it does not, or should not, take the place of our reverence for fact. It should fade when it ceases to point to clear and obvious fact.

To claim anything as revelation is a responsibility before which, to use Maury's phrase, it is becoming in man "to tremble". With all respect for intuition and revelation and the flights of aspiration, the social worker wants to keep wherever possible to what speaks in terms of facts that bring themselves to unrelenting scrutiny and test.

The alternative slogans of the day are devolution—revolution—or evolution. Devolution is the assumption of original perfection and a struggle against a supposedly imposed wickedness of nature. Revolution is the costly application of a peremptory impulsive policy of "head on if with me" or "head off or decapitation if not with me", repeating the terribly costly methods of world improvement of France in the eighteenth and Russia in the present century. Evolution is the faith in growth and development—neither optimism nor pessimism, but meliorism, an ever-growing betterment. We have good reasons to mistrust any agency that wants to work largely with force and fear. We may well choose; and let us hope that we choose well in turning to the faith in that type of evolution which is the philosophy and gospel of growth.

If, then, I may sum up my discussion, it is that, in the organization of neuropsychiatric work in a community, the present-day rise of individualism urges us in a number of valuable directions. It keeps before us a philosophy of evolution and growth, an ever closer appreciation of the importance of the concrete components of real life; it cultivates a respect for individual differences and a desire to understand and use individual qualities. It encourages teaching by doing and confidence in the worker, encouragement and fostering of the local efforts, training of teachers by the study of old seasoned and new experience, and—if I may give a new meaning to a misused word—a cultivation of a truly fundamental and creative and progressive new fundamentalism, as I said, with faith in that type of evolution which is the philosophy and gospel of growth.

# A TENTATIVE PROGRAM OF COÖPERATION BETWEEN PSYCHIATRISTS AND LAWYERS*

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THE heated differences of opinion that arise whenever lawyers and psychiatrists congregate to discuss medico-legal problems is a matter of general knowledge and frequent comment. It is the purpose of this paper briefly to survey the topography of the skirmish lines upon which the long warfare between the legal and psychiatric camps has been waged. It is hoped that such an undertaking may serve somewhat to clarify the atmosphere and to aid in formulating a program of *pourparlers* as a basis for coöperation between representative organizations in the legal and medical professions.

At the outset it must be stated that both camps seem to have the attitude that all members of the opposite profession can be lumped together indiscriminately and referred to as "the lawyers" or "the doctors". We know, however, that there are lawyers and lawyers and psychiatrists and psychiatrists—both from the point of view of professional standing and that of attitude toward scientific progress along socially desirable lines. While it may make for solidarity and unity of purpose for the lawyers to include all psychiatrists among the misguided fanatics of the enemy camp, or for the psychiatrists to regard all students and practitioners of law as moss-covered high priests of a senile *status quo*, it also makes for much misunderstanding and wasteful arguing at cross-purposes. We must recognize that the leaders in both professions have long been eager to arrive at some mutually satisfactory *modus vivendi;* and it is our belief, based upon certain signs of the times, that the next few decades will witness a *rapprochement* between the legal and psychiatric professions such as the past has never seen.

* Read before the American Orthopsychiatric Association, New York City, May 10, 1925.

In refutation of the charge frequently made by psychiatrists that "the lawyers" worship precedent blindly and will not move with the times, one could cite numerous extracts from the important writings of the greatest legal scholars and judges. For example, in 1886, Mr. Justice Somerville, in the case of *Parsons v. State* (81 Ala., 584), which involved the defense of irresponsibility because of insanity, took an important step urged by psychiatrists of his day, which has influenced this branch of the law more than is commonly believed. In that famous case, he said:

> "The question then presented seems to be whether an old rule of legal responsibility shall be adhered to, based on theories of physicians promulgated a hundred years ago, which refuse to recognize any evidence of insanity except the single test of mental capacity to distinguish right and wrong—or whether the courts will recognize as a possible fact, if capable of proof by clear and satisfactory testimony, the doctrine, now alleged by those of the medical profession who have made insanity a special subject of investigation, that the old test is wrong, and that there is no single test by which the existence of the disease, to that degree which exempts from punishment, can in every case be infallibly detected. The inquiry must not be unduly obstructed by the doctrine of *stare decisis*, for the life of the common law system and the hope of its permanency consist largely in its power of adaptation to new scientific discoveries, and the requirements of an ever-advancing civilization."

Again, Roscoe Pound, dean of Harvard Law School and of American legal scholars, has long pointed to the flimsy foundation of legal theory upon which is reared the entire superstructure of the criminal law, especially the law of insanity. His brief, yet important critique on the subject is embraced in the following sentences, which must be carefully considered by all those who undertake to rewrite the prolegomena to the criminal law of to-morrow:

> "Our traditional criminal law thinks of the offender as a free moral agent who, having before him the choice whether to do right or wrong, intentionally chose to do wrong. . . . We know to-day . . . that the old analysis of act and intent can stand only as an artificial legal analysis and that the mental element in crime presents a series of difficult problems."[1]

Again, in a recent important case which went up to the United States Supreme Court, that socially minded jurist and

[1] *Criminal Justice in Cleveland.* Cleveland: The Cleveland Foundation, 1922. p. 586.

lucid expositor, Mr. Justice Holmes, overthrew a long and respected line of hoary decision because he deemed the law to be based upon poor psychology. I quote the pertinent facts of the case, the holding of the Supreme Court, and the comments thereon by that other inspiring jurist, Judge Benjamin N. Cardozo:

> "The case was a prosecution for murder (Brown v. U. S., 256 U. S. 335, 1920). The trial judge had charged that the defendant, though attacked with a deadly weapon, was not at liberty to stand his ground if a man of reasonable prudence would have seen a possibility of flight. Support is not lacking for such a statement of the law. The Supreme Court, speaking by Holmes, J., refused to accept a rule so unrelated to normal human conduct under stress of strong emotion. 'The law', said Judge Holmes, 'has grown, and even if historical mistakes have contributed to its growth, it has tended in the direction of rules consistent with human nature. . . . Detached reflection cannot be demanded in the presence of an uplifted knife. Therefore, in this court, at least, it is not a condition of immunity that one in that situation should pause to consider whether a reasonable man might not think it possible to fly with safety or to disable his assailant rather than to kill him.' Enough that he reasonably believes the danger to be imminent."[1]

Commenting upon this decision, Judge Cardozo says:

> "What interests us . . . is not so much the decision itself as its animating spirit. It is built on the assumption that function is perverted if a rule is unrelated to the realities of conduct, and the rule itself is molded to effectuate the needed adaptation."

And Judge Cardozo is of the conviction that "the growing power of this spirit declares itself in many fields".[2]

Numerous similar examples could be adduced; but enough has been given of the expressions of this modern spirit of the law to indicate that there exist materials at present for building a serviceable bridge across the gap that traditionally separates the legal and medical professions, and that leading thinkers in the law are just as eager to take steps to reform the criminal law as are socially minded psychiatrists.

It must not be overlooked, however, that the task of dealing with violators of society's code of laws is, after all, a legal one. As an eminent English scholar has put it: "It is obvious that the point of departure of every thorough analy-

[1] *The Growth of the Law.* By Benjamin N. Cardozo. New Haven: Yale University Press, 1924. p. 115.

[2] *Ibid,* pp. 115, 116.

sis of the *mens rea* (the "guilty mind" of the criminal law) must be sought in psychology. On the other hand, it would be idle to contend that modern psychologists can treat such problems without taking heed of the lawyers' requirements and limitations."[1] The task before the two professions is, then, one that distinctly requires fair-minded coöperation, both in the study of the weakness of the criminal law and in the discussion of possible improvements upon the existing polity.

If, as our examples would indicate, there exists a spirit of coöperation on the part of leading legal scholars, what materials shall first be turned to for the rearing of this monument of coöperation between lawyers and psychiatrists?

In a general way, and as pertaining to the entire field of law, the progressive legal scholars have already carried us far on the road toward the solution. "Law must be stable, and yet it cannot stand still",[2] says Dean Pound. Similarly, Judge Cardozo believes that "the law of our day faces a two-fold need. The first is the need of some restatement that will bring certainty and order out of the wilderness of precedent. This is the task of legal science. The second is the need of a philosophy that will mediate btween the conflicting claims of stability and progress, and supply a principle of growth."[3] The American Law Institute, organized at Washington in 1923, "is the first coöperative endeavor by all the groups engaged in the development of the law to grapple with the monster of uncertainty and slay him. It proposes a scientific and accurate restatement of the law in specially selected fields."[4]

So far as we know, the criminal law is not yet included in the official restatement program of the Institute, but preliminary steps have been taken. The Institute has provided for a special report to consist of a "survey and statement of defects in criminal justice. The object of this report is to

[1] *Outlines of Historical Jurisprudence,* by Sir Paul Vinogradov. Oxford: Oxford University Press, 1920. Vol. 1, pp. 33, 34.

[2] *Interpretations of Legal History,* by Roscoe Pound. New York: The Macmillan Company, 1923. p. 1.

[3] *The Growth of the Law,* p. 1.

[4] *Ibid,* pp. 6, 7.

give . . . an analysis of the cause of existing defects in criminal law and administration which will make possible an intelligent estimate of the results which could be reasonably expected from the restatement of the substantive or procedural criminal law by the Institute. It will also serve to point out the other directions in which effort for improvement in the administration of criminal justice should be directed. In this way the report will be a permanent guide to other agencies than the Institute for the improvement of existing conditions relating to criminal justice and to those willing to give financial assistance to such agencies."[1]

Though this report was practically completed, it was not made public at the meeting of the American Law Institute, in February, 1924, because of the sudden illness of the chairman of the committee.

When the restatement of the criminal law is to be undertaken, representative committees from such organizations as The National Committee for Mental Hygiene, the American Psychiatric Association, and the American Orthopsychiatric Association will, it is presumed, be freely invited to take part in at least the preliminary deliberations.

What should be the program of progressive psychiatrists when they are ready to coöperate with such representatives of legal learning and opinion as the American Law Institute? Only a few of the principal problems can here be referred to, and these suggestions are of course made wholly tentatively, in the hope that they may be of some aid in focusing deliberation upon a few of the vulnerable spots in the present procedure.

*I. Terminology*

The Thaw case, the Leopold-Loeb hearing, and similar cases abundantly illustrated the need for some standardized psychological-psychiatric terminology. Some semblance, at least, of agreement as to the meaning of certain terms in the psychiatrist's and clinical psychologist's professional lexicon is necessary. It is of course extremely difficult, some would say impossible, to standardize such terminology, but a stand-

[1] Minutes of the Second Annual Meeting of the American Law Institute, February, 1924. p. 41.

ing committee of representatives of psychiatric and psychological associations might aid in building up an authoritative body of definition within the limits inherent in the very nature of the subject of mind and its disorders. Such a body of authoritative statement might do much to bring some order out of the chaos of medico-legal terminology that is to be found in the reported legal decisions. It would at least aid in clipping the wings of the over-eloquent advocate whose soaring forensic flights include such mysterious and uncharted lands as *"dementia Americana"*, for example.

A similar task lies before the lawyers, in clarifying many of such concepts as "mere moral insanity", "irresponsibility", "partial insanity", "burden of proof", "guilty mind", and the like. The two professions might fruitfully coöperate in surveying the borderland between them and at least clearing off much of the accumulated underbrush.

*II. Mental examination of accused persons before trial*

This important socio-legal task requires careful study. A beginning has been made by the commonwealth of Massachusetts. The operation of the Massachusetts law, which is the first in the country to provide for the *routine* mental examination, by the neutral experts of the state department of mental diseases, of certain types of serious offenders, has been described by us in another place.[1] The law has recently been amended [2] to provide for the imposition of a fine upon "any clerk of court or trial justice who wilfully neglects" to report to the department of mental diseases for mental examination those accused persons who fall within the purview of the act. The original act [3] provided for the admissibility of the report of the experts as evidence at the trial. The amendment eliminates this proviso. Since the amended act still retains the provision that the report of the department's neutral

[1] *State Legislation Providing for the Mental Examination of Persons Accused of Crime*, by S. Sheldon Glueck. MENTAL HYGIENE, Vol. 8, pp. 1–19, January, 1924.

[2] Acts and Resolves, Mass. (1921), Chap. 415, as amended by Acts and Resolves (1923), Chap. 331, and Acts and Resolves (1925), Chap. 169 (effective ninety days after March 25, 1925). See *Mental Disorder and the Criminal Law*, by S. Sheldon Glueck. Boston: Little, Brown, and Company, 1925.

[3] Acts and Resolves (1921), Chap. 415.

experts "shall be accessible to the court, the district attorney, and . . . the attorney for the accused", it is still an effective piece of social legislation. In fact, since the admissibility of the report as evidence might have resulted in the entire act being declared unconstitutional if subjected to test, and since such a declaration might have destroyed the authoritativeness and prestige of the entire act, the present amendment is a wise one and in harmony with Dean Pound's formula of socio-legal progress: "Law must be stable, and yet it cannot stand still." In an enlightened community, the fact that the experts making the report represent not the prosecution nor the defense nor the court, but an agency for the spread of mental health—an agency not connected with the trial and conviction of offenders—will carry much weight with the parties concerned.

The experience under the Massachusetts law should be carefully followed and studied by such organizations as the American Orthopsychiatric Association, to see whether it is desirable to adopt the Massachusetts measure in other jurisdictions; in this the members of the bar can coöperate.

*III. Expert testimony*

This important feature of the present procedure requires careful study both by lawyers and psychiatrists. We cannot hope, for many decades to come, to eliminate the chief features of the law's treatment of accused persons, which are based upon the Anglo-Saxon contentious system of criminal procedure. But we can and should do much to improve the situation within legal limits.

*A. Qualifications of experts.* Psychiatric and psychological professional groups of the first rank should coöperate with bar associations and similar legal bodies in the framing of standards for the qualification of experts; and appropriate legislation should be passed.

*B. Hypothetical question.* Provision should legally be made for elimination of the hypothetical question and the substitution of a rational means of getting before the jury in a simple manner the facts and the experts' opinions based upon a thorough psychological, psychiatric, and sociological study. Provided opportunity is afforded counsel on both sides, as

well as the court, to examine and cross-examine the experts, both as to their qualifications and their reports, it would seem that the legal obstacles for the achievement of this reform are not insuperable. We have gone into these questions thoroughly in another place.[1]

*IV. Status of psychological tests in the courts*

This important question has arisen on several occasions, in the courts. In *People v. Oxnam* (149 Pac., Cal., 165, 1915), a youth of between seventeen and eighteen was executed in spite of the fact that, according to the findings on standard intelligence tests as applied by four or five psychological experts, he was an imbecile. In *State v. Schilling* (112 Atl., N. J., 400, 1921), it was contended by the defense that defendant was of the mental age of eleven and that therefore, in spite of the fact that his chronological age was twenty-eight, defendant was entitled to the common law rebuttable presumption that between the ages of seven and fourteen an infant is incapable of committing a crime. But the New Jersey Supreme Court scoffed at such an idea.[2] This is a point that any program for the restatement of the criminal law would have to take into account; and it should be the basis of careful consideration by psychiatrists and clinical psychologists as well as lawyers.

*V. The legal tests of the irresponsibility of the insane*

This subject is discussed in an immense medico-legal literature. In a recent work [1] we have attempted to go thoroughly into the psychological and ethical as well as the psychopathological implications of this subject, and were much impressed with the welter of confusion that constitutes the law on the subject. At present we can only point to this field as affording a monumental task of coöperative effort between lawyers and psychiatrists. It is our belief that provision for a verdict of "semi-responsibility" will go far toward solving the difficult problems connected with this branch of the law, and toward dispelling many of the differences between the psy-

[1] *Mental Disorder and the Criminal Law.* See note 2, page 691.
[2] *Ibid.*, pp. 195 *et seq.*

chiatric and legal camps. In the work mentioned we have attempted to establish a theoretical legal basis for such a verdict.

*VI. Methods of enlargement from hospitals for the "criminal insane"*

The abuse of the writ of *habeas corpus* and of statutory provisions for the discharge of persons acquitted on the ground of insanity and irresponsibility, and temporarily committed to a hospital, constitutes a serious problem. Here we believe that resort must be had, in the final analysis, to the concept of balance between individual and social interests that more or less conflict. The problem is of the utmost importance from the point of view of social security as well as individual liberty; and any program of coöperation between lawyers and psychiatrists is incomplete that does not take account of the all-important question: "What becomes of the mentally-disordered offender after he is acquitted?"

*VII. Examination of inmates of county jails and similar institutions for minor offenses*

Dr. Bernard Glueck's study of the population of Sing Sing Prison has had, among other effects, that of stimulating similar studies. Perhaps the most ambitious and promising undertaking of this kind is that of the commonwealth of Massachusetts. A law has recently been passed "requiring the psychiatric examination of certain prisoners in jails and houses of correction and providing for the assembling of relevant official information as to such prisoners".[1] The extent of the task assigned is tremendous. The population of the county jails, although moving in and out with exasperating regularity, is very large. The law provides that "keepers and masters of jails and houses of correction shall cause all convicted prisoners serving a sentence of more than thirty days therein, except prisoners sentenced for non-payment of fine or of fine and expenses, and all convicted prisoners serving sentence therein who have been previously committed upon sentence to any penal institution, to be given

[1] Chap. 309, Sec. 1, Acts and Resolves, Mass. (1924).

a thorough psychiatric examination by a psychiatrist appointed'' by the state department of mental diseases; and thorough physical examinations under the jurisdiction of the department of health are also provided for. Thus far the act provides only for the making of such examinations and the transmittal of the information thus obtained to the department of corrections. The ultimate purpose of the act is as yet relatively vague; but this much is certain—that the administration of this act promises to result in the collection and analysis of a vast amount of material on the little studied problem of the recidivistic misdemeanant.

The problem of the recidivistic misdemeanant is in some respects—both psychiatrically and legally—different from that of the state-prison-felon types. The time is not ripe for making public any of the results of this extensive psychiatric, medical, and social study of thousands of offenders who present a serious problem in every large city. But the information already obtained gives promise that the investigation will throw much light on the nature of the human material we are dealing with and the type of socio-legal problem that we are called upon to solve.

The work of planning and carrying out the survey, as well as preparing the recommendations to the department of correction and the final report, is under the general direction of Dr. Ralph M. Chambers. There are nine psychiatrists, at strategic points throughout the state, who give part-time service, about a dozen psychiatric social workers, a psychologist, and a consulting sociologist, who is aiding in the preparation of the recommendations as well as the planning and presentation of the report.

A quarry of interesting case material has already been mined; and this, it is hoped, will be of great practical value in suggesting reforms both of criminal procedure and of socio-penal and psychiatric treatment. In addition it will be of distinct value as teaching material. As an illustration of a quite common type of case history that is met with in this survey, the following is cited:

> Mary X., sixty years old, is a widow who came to America at the age of twenty and has lived in Massachusetts most of the time since. The

father, who is not remembered by the client, died in Ireland, cause unknown. The mother died after the client came to America. Mary has several brothers and sisters in Ireland. Shortly after her arrival she married a teamster, who, she insists, was a good, sober man, but who was found to have a long record of arrests for drunkenness. The police report that she and her husband frequently fought. She has had three children, all of whom died in infancy; one died of "convulsions" and one was a miscarriage. It was reported, but not proven, by the matron of the City Temporary Home for Women, of which Mary had been a frequent inmate, that she had had three illegitimate children.

Since her arrival in America, she has never had what could be called a steady home. Her occupation has been that of chambermaid and scrub woman at cheap hotels and lodging houses.

She has been known to several relief agencies, but has been helped largely by being given temporary food and shelter. She would obtain aid under a pretense of not being able to find work, which she would readily secure, however, when forced to do so.

She has been alcoholic since her arrival in America.

While the first court record found against her is dated 1898, when she was nearly thirty-four years old, there is good reason for believing that her record of arrests for drunkenness runs back much farther, as prior to 1898 the individual court records were not segregated and are buried in a mass of court data that it is impossible to check up. But even since 1898, her arrests are at least one hundred in twenty-six years, all but one being for drunkenness. There are eighty-seven convictions, eight releases by probation officers, no findings of not guilty.

What has society, through its public, legal machinery done to solve the problem that she presents and of which she is but one representative? She has been sent to penal institutions forty-nine times and to private reformatories three times; and she has been placed on definite probation fourteen times. She was on probation when again arrested.

In spite of this record, this woman is still reported as being an excellent laundress, when sober, and able to fit well into institutional life, except for her temper.

Her health history is practically negative.

The only thing that stands out psychologically and psychiatrically is her violent temper. She is extremely excited, talkative, and irritable when under the influence of alcohol, and twice in her long and checkered career she has had to be put into a padded cell when arrested.

Think of the problems in the fields of psychiatry, psychology, eugenics, ethics, law, and sociology suggested by a case of this kind! To say nothing of the private aid that has been given her, the cost to the state, directly and indirectly, of her hundred arrests and numerous imprisonments is appalling to contemplate. Yet she is but one of hundreds and thousands with whom the ordinary social and legal methods have proved worse than abortive.

If time permitted, many other cases could be cited, illustrating various types of problem of varying complexity, but all alike in that they stand out as glaring monuments of social and legal ineffectiveness in dealing with a serious situation.

The excellent work that is being done in the study of juvenile delinquency and the development of a technique for bending human twigs when they are still pliable presents one, and probably the most important, approach to the problem of delinquency. It is primarily a study of criminogenesis, on the principle that the nearer one is to historical sources the clearer do the significant factors stand out for scientific observation. But there is also an advantage to be gained in studying processes that are farther removed from their origins; it lends a special perspective that is not otherwise obtainable. This perspective is needed in planning broad programs of social policy.

While learning to know and to aid the individual in a program of rehabilitation, we must not forget that there are vast social and legal problems that wait for solution. It is in such endeavor particularly that lawyers, social workers, and psychiatrists have a common interest and should have a common purpose. The findings in such studies as we are conducting in Massachusetts and such surveys as the Cleveland Survey of Criminal Justice should be systematically brought to the attention of intelligent citizens.

*VIII. Scientific aid to the courts*

The value of psychiatric clinics as aids to the courts is now being generally recognized. Yet there are many courts, even juvenile courts and adult courts in metropolitan centers, that as yet are not provided with this modern scientific aid to the administration of justice. The working out of a plan for widespread and consistent employment of clinics and for their proper relationship to the courts and judges is a tremendous task in itself. Doubtless The National Committee for Mental Hygiene is directly and indirectly leading this work; but more consistent coöperation between the legal and medical professions would be of great assistance.

*IX. Out-patient departments of psychopathic hospitals*

Closely related to the subject just touched upon is the need for out-patient departments in connection with psychopathic hospitals, both as aids to courts when temporary observation of accused persons is necessary, and—what is more important

and most neglected—as a helpful source of advice to judges, probation and parole officers, and social workers in planning and carrying out a program of rehabilitation of the offender in the community. Here, again, consistent coöperation between lawyers, psychiatrists, and social workers would tend to bring about a uniform employment of this much needed agency.

We have barely outlined a few of the principal fields in which proper coöperation between the leaders of the legal and psychiatric professions will do much to improve the administration of justice and to reduce the volume of unhappiness, vice, and crime. These are practical tasks. They wait for practical solutions on the basis of constant study of conditions and in the light of sound social policy. They are the modern mileposts on the long road of socio-penal reform that was first trodden by John Howard and Cesare Beccaria and is now winding into a new domain of understanding and hope.

# PLEASURE AND DETERIORATION FROM NARCOTIC ADDICTION

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## Opium

RELIEF from pain, long-continued distress, or unusual anxiety, no matter by what means accomplished, is accompanied by a pleasant relaxation and a sense of ease. When the distress has been great and the relief sudden, a short period of happiness may ensue, during which the world seems more beautiful than ever before and one wonders why trifling inconveniences should ever cause discontent. Feelings somewhat akin to the above may sometimes be produced by opium in normal persons who are relieved from intense suffering by it. But in referring to the mental pleasure of opium, a distinction should be made between the pleasure that is merely a reflex following relief from anxiety and pain and the pleasure that results from raising an individual above his usual emotional plane. The studies that form the basis of this paper seem to show that normal as well as abnormal persons may receive the first kind of pleasure, while only in rare instances, if at all, does any one except the emotionally unstable, the psychopath, or the neurotic receive the latter. The first, a reflex from relief of conditions that are temporary and accidental, may be termed *negative* pleasure; the second, a relief from conditions that are more or less permanent or fundamental, may be termed *positive* pleasure.

In persons who at first receive *positive* pleasure from an opiate and because of it continue the use of the drug until it becomes a physical necessity, the degree of the feeling wanes as more and more of the drug becomes necessary to satisfy the craving of physical addiction and to maintain comfort. It is the hope of reviving the pleasure in its original intensity that impels some psychopathic addicts gradually to increase the dose or to inject morphine or heroin directly into their veins. As tolerance to larger and larger doses of opiates is

established, positive pleasure is decreased or is not aroused at all because, in the state of opium tolerance (addiction), the body cells have learned to function normally when bathed in opium. Amounts that at first gave unusual effects are then necessary to maintain what to an addict is normal functioning and to ward off discomfort. Practically the only pleasure then received from continuing the drug, unless enormous doses are taken, is the pleasure arising from the relief of withdrawal symptoms. This is a poor substitute for the sense of ease and relief that the drug at first gave from the conflicts and tensions that are fundamental with the psychopath. It thus happens that the drug, taken in the beginning because of its power to raise an inferior individual above his normal level, must be taken in the end to keep him from sinking below it and to relieve conditions that the drug itself has produced.

After the first stage of addiction, the motive for it is not pleasure, but the avoidance of pain, and those addicts whose supplies of opium are irregular and uncertain pass through periods of comfort and discomfort depending upon whether or not the amount they are able to get is sufficient to satisfy the need the drug itself has created. To the alternating comfort and discomfort is added the worry arising from the activity of the police and the fear that the next dose will not be available. Strongly addicted persons who have to contend with the physical discomforts and social uncertainties above described are restless, discontented, and unhappy; they get less satisfaction out of life than they did before they were addicted because, as physical addiction grows in intensity, and more and more of the drug is necessary to maintain comfort, its power to give temporary relief from the original inferiorities is proportionately lessened until a point is finally reached where pleasure is completely overshadowed by pain. The unhappy state of addicts who reach this stage of addiction causes them to seek cure which in most cases is easily achieved in so far as withdrawal symptoms and the physical necessity for the drug are concerned. The general health then improves, and with the disappearance of the distress caused by the drug, the fundamental psychic distresses for the relief of which it was originally taken again assert them-

selves. The memory of the pleasure opium once gave, together with the mental associations connected with the use of it, creates in the psychopath cured of his addiction an almost irresistible impulse to try the drug again. This he usually does sooner or later, and the cycle of events above described furnishes a logical explanation for the repeated cures and the repeated relapses of certain types of addicts. Every psychopathic addict has an experience comparable to that recorded by De Quincey, who first wrote on the pleasures of opium and then on its pains—and that De Quincey was a psychopath seems clearly to be shown by his conduct as a youth and by the two depressions which he mentions in his *Confessions.*

The cases that form the basis of this paper seem to indicate that the intensity of pleasure produced by opiates is in direct proportion to the degree of psychopathy of the person who becomes an addict, and that the subsequent depression resulting from long-continued use of the drugs carries him as far below his normal emotional plane as the first exaltation carried him above it. In other words, the two ends of the cycle —exaltation and depression—tend to balance each other. The phases of exaltation and depression may each be several years in duration, but in long-standing cases of addiction without cures, the phase of depression is continuous, and some addicts seem to have forgotten that opium ever gave them any pleasure. In psychopathic patients who are unable regularly to secure a supply of narcotics sufficient to satisfy their craving, there may be several small cycles of exaltation and depression within the larger one. In other words, they are at times compelled to submit to partial cures—and in the partially cured state a sufficient supply of narcotics may give more intense pleasure for a short time or until a higher degree of tolerance is again established. Also, in these partially cured, inadequately supplied addicts, there may be, following their one hypodermic of morphine, a short period of peace, comfort, and contentment which gradually on the same day fades into a condition of unrest, irritability, and discontent as the effect of the drug dies down.

The unhappy state into which addicts of long standing finally descend is such that a superficial examination of a

group of them with low native intelligence or lack of education might lead one to believe that only a small proportion of them ever received pleasure from opium apart from that involved in its power to relieve withdrawal symptoms.

With few exceptions they say: "It only makes me comfortable." This explanation is apparently true for most, if not for all, nervously normal people who become addicted, but it is not true of the abnormal type who make up the bulk of addicts of the present time—and it is probable that no person who deliberately addicts himself fails to derive pleasure of some kind from the drug. When the addiction history of a group of addicts is studied carefully, it is found that practically all of the psychopaths and neurotics among them have for a longer or shorter period experienced some sort of mental pleasure from the use of opiates. But most of the cases are seen by physicians long after the memory of the short period of pleasure has been beclouded by the distress that later ensued. This distress causes them to seek relief, and it is uppermost in their minds. They are, therefore, honest when they claim to take the drug only to prevent suffering.

The examination of intelligent people able to give expression to their feelings is more satisfactory, and it is mostly from these that we discover the secret of how the pleasure that opium induces in psychopaths allures them into addiction in the first place and causes them to relapse time after time.

Whether opium causes pleasure to absolutely stable individuals is difficult to decide. Fourteen per cent of the addicts in the series of cases (230 in number) with which this paper deals were classified as having been normal before they became addicted, and a few of these received pleasure from the drug that did not seem to be a mere contrast with the discomfort that it relieved. The examination of these apparently normal cases that received unusual satisfaction from the drug was not, however, as thorough in all of its phases as was desirable, and it is possible that a more extended study of the cases would have disclosed traits of personality or abnormal trends that would have justified placing them

definitely among one of the nervously abnormal classes referred to in an earlier paper.[1]

The case cited below is the most striking of the supposedly normal cases who derived pleasure at first from taking an opiate:

> A physician, twenty-eight years an addict, successful in his practice, head of a family and one of the most highly respected citizens in a small town, answered all of the requirements of normality in so far as could be determined. He received the first injection of morphine during an attack of influenza and rheumatism. It relieved his pain, but in addition to this made him "more happy than he had ever been before". Such was the state of feeling that he lay awake to enjoy it and would not allow himself to go to sleep for three hours. For two hours the drug had an exhilarating and stimulating effect upon him. After three years, when addiction was firmly established, pleasure gave way to necessity. The only satisfaction he then received from the drug was its power to relieve and ward off distress. It is worthy of note that this case relapsed after each of five cures and enjoyed himself for a short period each time, but a recurrence of acute rheumatism was given as the cause for the relapses, and he now has a severe heart lesion which may be accepted as proof of the rheumatic affliction.

Against apparently stable persons of this kind who receive pleasure from opium are the thousands of persons who have taken an opiate prescribed by physicians without feeling anything but drowsiness and relief from actual pain. It would appear from this that those individuals who are made happy by opium must have some special mental conflict that the drug relieves, even though they are not nervously abnormal in the ordinary sense.

In one series of twelve professional men among these cases who admitted receiving pleasure from opium, ten had either been drunkards or were neurotic individuals before they became addicted. The father of one of the others had migraine; a sister, epilepsy; and a brother, aged twenty-eight, died of apoplexy. The addict himself had apparently been normal, but was always timid and somewhat shrinking in his contact with other people.

Another professional man who derived pleasure from cocaine felt none whatever when he later became addicted to morphine.

[1] *Drug Addiction in Its Relation to Crime*, by Lawrence Kolb, M.D. MENTAL HYGIENE, Vol. 9, pp. 74–89, January, 1925.

The more nearly normal of the abnormal cases referred to above had been addicted twenty-two years. His father was neurotic and had a strong tendency to despondency; a sister died of apoplexy. The patient himself had a normal, open make-up as a boy in so far as outward appearances and social activities were concerned, but with it there was a feeling of bashfulness and a disposition to be easily discouraged. Like a brother of his, he always shrank from pain and his attitude may be best indicated by his description of what to him were the horrors of treatment for drug addiction. His body, he said, felt as if it were being placed alternately in fire, scalding water, and acid. He was successful in his profession, a respected citizen, and took an active part in politics, but always felt ill at ease when required to take a leading part in any gathering. He found that opium gave him confidence and enabled him to meet people without inwardly shrinking and without feelings of restraint. This was not interpreted by him as pleasure, but he described what he called a condition of ecstasy which once came over him, after a hard day's work, while he was riding to the barn on a load of hay. This was before he started to use the drug, but he has experienced a similar feeling a few times since, following hypodermic injections. It is probable that the feeling he described is akin to that aroused sometimes in normal people by the pleasurable relaxation and satisfaction that supervenes upon the completion of a difficult task.

It frequently happens that the first experience with opium produces more pleasure than any subsequent indulgence arouses. When the first dose is taken for illness, the added factor of relief from physical pain furnishes a ready explanation for this—and the rheumatic physician who struggled to stay awake never again experienced the same intensity of feeling. In other cases the explanation probably is that its newness is an added charm.

The following cases are typical of many in the uneducated, abnormal group:

> A dull, neurotic Italian induced an addict friend to give him a hypodermic of morphine. It was evidently a large dose because it produced dizziness and nausea. In spite of these symptoms, he said: "It made me feel like I was in heaven." This patient continued to receive pleasure

from the drug for four years, or until the time when he presented himself for treatment.

A twenty-year addict who started by smoking and ruined his life by excessive indulgence in morphine and heroin said, in describing his first experience, that it made his head as light as a feather on his shoulders and gave a sensation "that you go back after, but never quite get again". He enjoyed less intense feeling for about two years and for a short period following each of two relapses.

No doubt the enormous doses of morphine or heroin consumed by some psychopathic addicts have been gradually worked up to by them in an effort to revive sensations that the physical factor of increased tolerance has dulled or made impossible. At one time the patient above referred to was consuming 60 grains of morphine a day, and he once took one hundred 1/6 grain heroin tablets in five hours.

The expressions that addicts make use of in describing their sensations illustrate better than anything else the mental pleasure that opium gives abnormal persons. At the same time they show the neurotic basis of addiction by indicating emotional conflicts or feelings of inadequacy, the relief from which is expressed as pleasure. The following are some of the common statements made:

"It makes my troubles roll off my mind."
"I do not have a care in the world."
"It is exhilarating and soothing."
"You do not care for anything and you feel happy."
"You have a contented feeling and nothing worries you."
"It stimulates you and makes you forget, so you don't care about anything."
"It makes you drowsy and feel normal."
"It causes exhilaration and a feeling of comfort."
"A deadening, pleasurable effect."

A clear inference from the foregoing expressions is that opium produces in these cases a feeling of mental peace and calm to which they are not accustomed and which they can not normally achieve.

The following case indicates more specifically than most of them that the mental calm is pleasurable largely because of its contrast with the trouble and worry that the narcotic properties of the drug temporarily blot out:

Case 110, a married woman, aged twenty-seven, with two children, suffered cruelty and deprivation at the hands of a worthless, brutal husband. She underwent three operations, became extremely nervous, spent several months in a sanitarium, and worried much about the children, who of necessity had been separated from her. Later on she was sent to the hospital for observation, having been accused of forging a check. Occasionally, before becoming addicted, she passed into a state, sometimes induced by music, during which she "forgot everything and did not worry and had a pleasurable, dreamy sensation as of floating away". These momentary periods were clearly wanderings from the realities of her existence. She found that morphine also induced them and gave that as a reason for using it. Ether administered during one of the operations produced a similar sensation, and later on she drank and inhaled it for a short time.

A pleasurable sensation of floating away seems to be fairly common during the early period of morphine or heroin indulgence.

A better description of the pleasurable effect of opiates than the average untutored addict gives might be expected from highly educated persons. One of these, typical of others, said it caused a buoyancy of spirits, increased imagination, temporarily enlarged the brain power, and made him think of things he otherwise would not have thought of.

In addition to the mental pleasure produced by opium, some addicts receive a pleasurable physical thrill of short duration and varying intensity immediately following an injection of morphine or heroin. As the intensity of this thrill wanes with increasing tolerance, some resort to injections directly into the veins in order to bring it out in full force again. It is largely this thrill which addicts have in mind when they speak of the "kick" that the "shot" gives them. Most of them describe it as a feeling of warmth that quickly spreads through the abdomen following an injection. The description suggests vasomotor relaxation with increased blood to the parts. In some cases the thrill spreads throughout the entire body and then gives intense pleasure. Striving for a repetition of it naturally leads to larger doses.

The physical thrill apparently sometimes takes a sensuous character. An addict with an intelligence quotient of 110, who described the mental effect as "a feeling of comfort so that nothing worries you", said, in regard to the physical thrill, that it was a pleasurable, tingling sensation that passed

over the entire body. He linked this sensation with sexual feeling and mentioned that some of his associates gave it the same coloring. Another psychopath, with an intelligence quotient of 88, described the sensation as a thrill through the body lasting seven or eight minutes and resembling the sexual orgasm. The brother of this patient derived intense pleasure from the thrill, but said that it did not in any way resemble sexual feeling.

None of the thirty-one nervously stable addicts in this series of cases had experienced anything but a slight feeling of warmth in the abdomen following injections of morphine or heroin. This was considered pleasurable except in so far as it was a part of the general feeling of comfort and relief that is brought on in all addicts when a needed dose wards off oncoming withdrawal symptoms. The apparent immunity to the thrill of normal persons who become addicts may be explained in part by the fact that such addicts do not take 60 grains of morphine daily nor do they inject the drug directly into the veins, but in the psychopaths the degree of pleasure seems to depend upon the degree of psychopathy, and it is possible that the sympathetic nervous system of these abnormal cases may be so constituted as to be more susceptible to the influence of narcotics.

### Cocaine

Addicts in this series have described cocaine as producing a pleasurable, "flighty" sensation, but in some cases the drug was positively disagreeable because of a state of anxiety produced by it. These latter were the cases who took only a few doses and stopped. In those who took the drug regularly for long periods, there was a combination of agreeable and disagreeable sensations. The psychopath who takes this drug will use too much and suffer anxiety because of it, but mingled with this there is a pleasure partly mental, but chiefly physical. The drug stimulates both mind and body and gives an increased sense of power, which is real to both normal and abnormal persons. This pleasurable stimulation is enhanced in the feeling of some psychopaths because in them the drug also produces mental calm similar to, but not as intense as that produced by opiates. These psychopaths then get from

the drug a blotting out of excessive worries, together with stimulation of intellectual and physical processes. This explains such intense satisfaction as that indicated by the remark of a prostitute, one of this series, who said that the drug transported her to heaven. Cocaine increases sex power, decreases appetite, brings on rapid emaciation, causes a nervous feeling that passes over into anxiety, and in addicts who take excessive amounts over long periods, the anxiety gradually develops into persecutory delusions and the physical over-activity may culminate in convulsions.

The verbal descriptions of addicts quoted below give an idea of the pleasurable effects of the drug:

A lawyer who had become a morphine addict said that cocaine gave him energy, but no exhilaration.

A normal physician who started cocaine when a medical student, and used it for about six years, had twelve fits before he became addicted to morphine in an effort to counteract the "horrible effects of cocaine", and then after twenty-one years was cured of the morphine habit. He described the pleasant effect of cocaine as a "hilarious, exhilarating feeling". Morphine never gave him any pleasure.

The other remarks are:

"It gives me more courage."

"It makes my mind ten times quicker than normal, but also makes me anxious."

"Something like drinking, but it does not make me feel fussy like whisky."

"Makes me jumpy and scary, but I like it."

"It is pleasurable, but makes me scary and suspicious."

"It gets me nervous, in a high pitch, and makes my mind act twice as quickly."

"It gives great pleasure, but makes me feel wild and flighty."

A Negro with an intelligence quotient of 69 said: "It gives me will power and makes me feel happy, good, and strong."

Another Negro, intelligence quotient 55, said: "It makes me walk and feel like doing things, and when the drug dies out, I get tired and sleepy."

Cocaine never causes confusion like whisky, or stupor like morphine and heroin. It is a direct antidote to whisky and

opiates and is used as such by drunkards and opium addicts. Some addicts report, from their own personal experience and by observation of others, that a helpless drunkard may be roused to normal in a few moments by an injection of it, and unlike morphine or heroin it may be used in large doses along with whisky.

### Cocaine and Opiates Combined

As would be expected, cocaine and an opiate combined give more intense pleasure than either of these drugs alone. The two following cases illustrate this and show how demoralizing excessive indulgence in these two drugs may be:

Case 17, a highly intelligent addict, aged twenty-seven, was a periodic drunkard who used cocaine for several years and then became addicted to morphine by taking this drug to combat the anxiety brought on by excessive doses of cocaine. He had used as high as an ounce of cocaine in five days. The high state of tension and expectancy brought on by it is illustrated by the fact that he was once thrown into a panic during which he ran ten blocks in surprise and fear before collecting himself, for no other cause than that some one behind him clapped his hands. On another occasion his attitude was so evidently one of fear and suspicion that a detective followed him for several hours until the effect of the drug wore out and he became more rational. The ordinary effect of a dose of cocaine on him was to produce a thrill throughout his body lasting only a few minutes. He was more talkative than usual and great schemes passed through his mind, which later on, when the effect of the drug died out, were appreciated by him to be foolish. For the time being, the drug, he said, lifted him up and made him feel like a millionaire. The combined effect of cocaine and morphine produced at a certain stage what he described as an exquisite don't-care attitude. His method of bringing about the acme of sensation was to take cocaine for about four hours, until his "nerves got on edge", and then, when the effect began to wear off, to take morphine. At a certain stage there was a sensation of "floating away", and it seemed that anything was possible of accomplishment without effort, yet nothing would be attempted because everything was perfect and nothing needed to be done. He described this as a philosophical or fatalistic state of mind in which you accepted things as they were without sentiment or emotion and attached no especial importance to anything. One might regret the death of a wife or mother, but there would be no sentiment about it.

Case 2, a temperamental man, aged forty, had a varied experience in the show business and several other lines of activity. He finally made a small fortune "bootlegging", but lost it through gambling and dissipation with drugs. Cocaine gave him a great deal more pleasure than morphine or heroin, but the greatest pleasure was derived from a combination of morphine and cocaine. Besides other pleasures, including sex stimulation, cocaine greatly increased his thinking power and imagina-

tion. Under its influence he claims to have written several scenarios, but this was not verified. One of these, written in four hours, tended to show how a prosperous business man was brought so low by drugs that he finally committed suicide. The patient evidently here pictured his own life up to the point of suicide, which, with him, was only a wish that he had been too timid to convert into actuality.

This man had indulged in what might be described as narcotic sprees, during which he would lie in bed with an ounce of cocaine and morphine or heroin by his side and apparently not sleep until all was consumed. There would, he said, be "pleasurable sensations impossible to describe. Angels lifted me up into the realms of heaven, wonderful orchestral music would be heard. I had no desire or ability to do anything, and time passed unnoticed." Once he went downtown on Saturday to fill an engagement for the previous Wednesday, having lost reckoning of three days in a week of dissipation. In addition to the mental satisfaction, there was an intensely pleasurable physical thrill, lasting a few minutes after each injection.

These cases illustrate to what heights of satisfaction a narcotic combined with a powerful stimulant will carry persons burdened by fears, timidities, and the mental conflicts arising from the effort satisfactorily to settle abnormal impulses. To relief from burdensome restraint is added stimulation beyond the average, and the contrast with the normal self is so great that feelings akin to ecstasy are aroused.

### Deterioration

The production of pleasure by such unnatural means as the introduction into the organism of substances that distort body functions and change the flow of emotions, so that for the time being there is a different outlook on the world, may be expected to bring about a gradual change in character, mentality, and physical condition that in most cases would be harmful. This expectation is in part realized in the majority of cases. In fact, the continued use of opium or cocaine is always harmful physically, but in studying the effects of these drugs on the mental and moral characteristics of addicts, it is important to consider the type of persons from whom they are recruited and judge each individual addict according to what he was before he became addicted. An influence that injures a normal individual by perverting his normal body functions may improve an unstable individual by changing his perverted functions. In an earlier paper[1] the writer has indi-

[1] See note 1, page 703.

cated how that property of opium which produces lethargy and idleness in normal persons may express itself as a temporary stabilizing influence in criminal psychopaths by blotting out the underlying stresses that give rise to the irritability, discontent, and unrest that result in the commission of crime. The soothing effect of the drug causes in one case the loss of ambition for useful work, and in the other an abatement or suppression of abnormal or antisocial impulses.

In evaluating the effect that narcotics may have produced in any given case, it is necessary to have clearly in mind, and to consider collectively, the original character of the person, the physical harm that the drugs have done to him, the mental and moral consequences of the physical difficulties, the stabilizing influence, if any, that may have been exerted by the drugs, and the demoralizing effect upon the addict of being looked upon as an outcast or criminal.

There is a widespread belief that addiction to opium leads rapidly and inevitably to moral deterioration. This belief has arisen through a failure to appreciate that the psychopath who was originally a murderer, thief, drunkard, or social offender of one kind or another is more susceptible to addiction than stable people—and during the past thirty years the public psychology with regard to drug addiction has been such that normal addicts have concealed their addiction, whereas the delinquency of the psychopathic addict has kept him in the public eye. The consequence has been that practically all addicts with whom the public has been acquainted have been deservedly despised, and the inference that the addiction was solely responsible for their antisocial behavior and useless lives was inevitable.

When addicts are carefully studied, it is found that some of them have not been injured morally or mentally. A larger proportion have deteriorated morally, and a few, chiefly former drunkards, have been helped by opium. Intellectual deterioration is apparently never due to the use of an opiate alone. Morphine and heroin have not been found to differ in so far as the degree or kind of deterioration produced by them is concerned. Cocaine is a much more injurious drug, and it seems that most of those who have deteriorated have used both an opiate and cocaine.

*Degree of Deterioration: Different Types*

That individuals may take morphine or some other opiate for twenty years or more without showing intellectual or moral deterioration is a common experience of every physician who has studied the subject, and years ago, when addiction was much more common than it is to-day, many practitioners had one or two such cases among their patients. In this series most of the normal cases, and many of the neurotics, have not suffered any demonstrable moral or mental deterioration.

The statement that certain addicts have not deteriorated does not mean that they are of the highest type of citizen. The highest type of citizen is a moral individual with superior intellect balanced by a normal flow of emotions and with a personality undisturbed by nervous instability of any kind. Very few persons answering to this description ever become addicted except through the necessities of unusual stresses, and their addiction is usually quickly cured when the stress is relieved. What is meant is that these addicts started off with a varying degree of mental and moral equipment that has not been demonstrably changed by opium.

The criterion for lack of deterioration in individuals originally useful and in good standing in the community has been continued employment in useful occupations, the respect of associates, living in conformity with accepted social customs, avoidance of legal prosecution except those brought about by violations of narcotic laws, undiminishd mental activity, and unchanged personality, or, when this could not be determined, the possession of a personality that would be considered by psychiatrists to be within the range presented by nervously normal individuals or mild psychoneurotics.

We think it must be accepted that a man is morally and mentally normal who graduates in medicine, marries and raises a family of useful children, practices medicine for thirty or forty years, never becomes involved in questionable transactions, takes a part in the affairs of the community, and is looked upon as one of its leading citizens. The same applies to a lawyer who worked himself up from a poor boy to one of the leading attorneys in his county, who became addicted to morphine following a severe abdominal disease with recur-

rence and two operations, and who continued to practice his profession with undiminished vigor in spite of his physical malady and the addiction.

Such cases as are cited above, and they are not uncommon, have taken as much as 15 grains of morphine daily for years without losing one day's work because of the morphine. Such addicts are, however, under the necessity of concealing a practice which is disapproved by the public and proscribed by law. To this demoralizing situation is added the shame most of them feel at finding themselves slaves to a habit from which they would like to be free. This combination of furtive concealment and shameful regret cannot help but bring about some change for the worse in any personality, but the change produced in mature individuals is usually so slight that it can not be demonstrated or cannot be classed as *moral deterioration.*

In one group of twenty-five professional men who were carefully studied from the standpoint of deterioration, seventeen had suffered no apparent mental or moral deterioration. Four of these had always been shrinking, fearful neurotics. One had been a drunkard who had apparently been lifted out of the gutter into respectable citizenship by his shift from alcohol to morphine. Two were apparently above the average in mental and moral stability, and the remaining ten were evenly divided between average normal individuals and persons who in early life, before they began to use opium, had brought more or less discredit upon themselves by indulgence in alcohol, but who had always been socially useful.

Of the eight deteriorated cases, two had been extreme drunkards before becoming addicted to opium. One of these had been cured of his addiction, only to relapse into whisky. He was seldom sober. One, now off the drug for nine months, was a respected citizen who had spent much time and money in treatments that were not permanently beneficial. Another highly neurotic individual whose mother was insane is also off the drug. He had suffered several relapses. One, a former drunkard, was suffering from cerebrospinal syphilis and morphine addiction. One, now practicing medicine, once gave up his practice for ten years in order not to tempt himself with opiates. He resumed practice only to relapse, but

has now been cured for eight months. Of the two remaining cases, one had delirium and hallucinations of hearing before he became addicted, during and for several months following attacks of malaria. "Voices" also bothered him several times in the course of and for a short time after cures for addiction. The other case, a cocaine-morphine addict with poor heredity, had definitely deteriorated.

Barring the addict who had hallucinations of hearing before becoming addicted, only two of the eight had deteriorated mentally—and with the possible exception of the syphilitic patient, none had deteriorated in the intellectual sphere.

The relative amount of harm chargeable to narcotics and to other factors in these eight cases is difficult to determine with certainty. It is believed that opium and cocaine have contributed materially to the ruin of the two that deteriorated mentally, and have lowered the moral tone and decreased the social efficiency of all of the others. The moral slump was slowed up, but not arrested in the two drunkards by the change from whisky to opium, but both of them might have been respectable and much more useful citizens had they avoided both of these poisons.

How opium and cocaine may cause deterioration in a very susceptible type of individual is illustrated by the following case, the worst of the above:

> Case 72, a physician, aged fifty-three, suffered from periodic headaches with vomiting beginning in his eighth year. His father, mother, paternal grandmother, and sister suffered with migraine. A son of the sister, aged twenty-three, committed suicide because of his mother's death. The father of the patient was a prosperous business man who left a considerable fortune. As a boy the patient was good-natured and sociable and had many friends, but suffered much with headaches. He missed one year at college because of migraine, but finally graduated and spent two years as an interne in this country and two and one-half years abroad. He had always been allowed money in abundance. A physician who associated with him in Vienna reported that at that time "he was a normal, carefree, impressionable young fellow who was particular about his clothes and personal appearance, and he took as much interest in his work as the average student who does not expect to be dependent upon his own resources". While in Vienna, he became addicted and married a beautiful actress whom he later on blamed for most of his troubles. His mother upholds him in this, but his wife was not an addict and friends of the family say that she was a fairly reasonable person, although nervous. The patient made sporadic and unfruitful efforts at practice. He was good-natured, generous, and had many

friends, but through lethargy or indifference, he seldom took the trouble to collect a bill. He was never self-supporting, and his mother still excuses him by saying that he was a generous soul who never asked for anything unless he needed it. Soon after his return from Europe, she sent him and his wife, from whom he is now separated, on a Mediterranean cruise for their health, and later on she financed numerous other cures of the son's addiction, but it seems that the most the patient ever did for himself was to work as a clerk for one year in a hotel in Atlantic City.

The patient always took both cocaine and morphine, using at times 20 grains of each daily. Once he took 60 grains of cocaine in twenty-four hours. From a fastidious, foppish parasite he has descended gradually until he is now a slovenly, dirty dependent without ambition, pride, or honor. Occasionally during the past eight years he has sold cosmetics, but has made nothing in the practice of medicine, although his mother maintained an office for him. During the past few years he has had nightmares, during which he is noisy and swears a great deal. Because of this he has been compelled to move away from several hotels and boarding houses. At the present time his body is covered with sores due to hypodermic injections, but there are no serious organic lesions.

On the mental side, he is petulant and irritable. While in the hospital, he would walk into the hall with no more clothing than a short night shirt, and in his bed he would not take the trouble to cover himself when visitors were in the room. He complained bitterly that his mother should do such a thing as send him to a public hospital, a step she took to prevent the exhaustion of her financial resources. He loudly berated her for this and was so abusive that she became afraid of him and considered having him committed as insane. A week later, upon receiving word that she would take him to a resort that he thought suitable for his treatment, his spirits rose perceptibly, and he gave much the impression of a child who had won his way by crying. The next meeting with his mother was a love feast; he embraced her with childish happiness, and it was plain how her blind coddling had contributed to his ruin.

Just what would have happened to this man in the ordinary course of events it is impossible definitely to state. He had a serious hereditary handicap to overcome, but one feels that if he had been free from the pernicious pampering influences of his mother just after graduating and had never indulged in drugs, he might now be a useful citizen, or if he had escaped narcotics, but not the influence of his mother, he might at least have been as respectable as could be expected of a neurotic parasite. The deterioration suggests a depressing moral change due to lethargy produced by opium plus the poisonous effect of cocaine.

*Common Mechanism of Deterioration*

The greatest degree of deterioration occurs in the group of addicts recruited from among carefree, pleasure-seeking young persons who are mildly neurotic or whose personalities deviate somewhat from the normal.[1] The stability of more nearly normal addicts enables them to carry on efficiently in spite of their addiction, and the criminal psychopaths are already so devoid of moral sense that but little more deterioration is possible with them, while in many of the inebriate addicts, where the narcotic is substituted for excessive doses of a more destructive poison, deterioration is sometimes arrested or retarded by the change from alcohol to opium.

The mental and moral deterioration due to opium is traceable to the physiological effect of the drug and the social consequences of a life of addiction. There is no destruction of protoplasm such as follows prolonged excessive use of alcohol. Neither nerve cells nor fibers degenerate; consequently the drug cannot produce diseases analogous to Karsakoff's psychosis, acute hallucinosis, or alcoholic multiple-neuritis, and hospitals for the insane have remarkably few cases diagnosed as drug psychosis. Such psychoses are so rare that one is led to suspect that Case 72 is typical of most of those that do occur.

Morphine and heroin, when taken in large doses, sap the physical and mental energy; lethargy is produced, ambition is lessened, and the pleasurable feeling already described—that all is well—makes the addicts contented. These various effects cause them to pay less attention to work than formerly; consequently, they tend to become idlers and dependents, but only a small proportion are made idlers by this means alone. Those who depend upon the illegitimate traffic are sometimes unable to work because of discomfort and weakness due to insufficient narcotics, and at other times they stay away from their work in order to look for the drug. There are cases in this series who have gone to distant cities regularly to get an ounce of heroin or morphine, and others who have lost as many as a dozen jobs through neglecting work to meet their peddlers or through lying in bed in the morning instead of

[1] See *Types and Characteristics of Drug Addicts*, by Lawrence Kolb, M.D. MENTAL HYGIENE, Vol. 9, pp. 300–13, April, 1925.

going to work because the dose that would have put energy into them was not available. Often, when these cases secure a supply, after their short periods of deprivation, they take more than is actually necessary to keep them comfortable. The result is that they alternate between physical and mental irritability and physical and mental lethargy. Both extremes make for emaciation, physical inefficiency, and unusual mental reactions.

The dreamy satisfaction and the pleasurable physical thrill produced by opium in many addicts in their early experiences with it are of themselves forms of dissipation that tend to cause moral deterioration. Addicts as a rule are compelled to associate with persons of low moral character in order to continue their addiction. Financial embarrassment resulting from idleness or the high price of peddled narcotics impels them to beg money from their friends, obtain it from members of their families by subterfuge, or steal, in order to supply themselves with drugs; they suffer in manliness through feeling what they often consider the just contempt of the public; they suffer more through their constant fear of arrest or because of a term in the penitentiary served for having narcotics in their possession.

The whole train of events above described brings about unfavorable character changes and gradual moral deterioration, and converts what might have been fairly useful citizens into outcasts, idlers, or dependents.

It has been difficult in some of the cases to determine whether the moral deterioration has been wholly or partly due to drugs or whether it would have occurred in the natural evolution of their personalities. When a boy is so incorrigible that it is necessary to train him in a reformatory, not much is expected of him. The same is true to a less degree of the neurotic child who has been petted, pampered, and spoiled by his parents. The deteriorated cases comprise some whose early life histories conform to the above and who may have been useless in any event, but the study of their life histories seems to show that narcotics added a handicap which made them worse than they otherwise would have been.

An illustration of the mechanism by which the downfall of addicts is brought about is furnished by the case of an intelli-

gent man, thirteen years an addict, who told with shame how he had lost numerous jobs because of the conditions above described. He spent all of his money on narcotics, neglected his wife and two children, and borrowed from his mother at the same time that he was selling his overalls and other clothing in midwinter in order to get narcotics. He was accused of several crimes merely because of the low company he kept. This man was cured about a year ago, after which he rejoined his family, secured a job, and was apparently as well as ever, but the memory associations were too great for him and he relapsed after working regularly for six months.

Contrasted with this case is an addict of the inebriate class who for twenty years has supported his mother and who recently drove his drunken brother out of their home for taking some money that he, the addict, had given his mother for household expenses. This addict is able to make enough money to keep going in spite of the addiction. He has some sense of honor left and his intellect is unimpaired, but the environment that usually goes with a life of addiction, together with the benumbing effect of the drugs, has converted what might have been a highly respected and capable citizen into a police problem, as his record and the tale of his exploits given by himself clearly showed. It is of course possible that without narcotics he might have been, like his brother, a worthless drunkard, for alcoholism was a family weakness; but in favor of alcoholism in a case of this kind is the greater probability of cure as the patient grows older. This addict never descended as low as the one just previously described, but there is not the slightest possibility that he will be cured, and the physical depletion produced by narcotics, added to the other handicaps, will finally make a dependent of him.

The cases cited below illustrate two common types:

> Case 30, now twenty-four years of age, is an only child who was spoiled. He was subject to night terrors, would faint at the sight of blood or from such experiences as having his teeth filled, and played truant from school, at one time staying away three months. This terminated his career at a business school after which he, at the age of fourteen, began to work in a drug store. He always had a very open make-up, and according to his own statement never could get enough excitement. Soon after he entered the drug store, and from curiosity, he began to steal and take cocaine. It made him "think ten times quicker" and was otherwise pleasing. He was soon discharged from this and

another drug store for stealing narcotics. Besides the cocaine appropriated for his own use, he stole morphine and sold it. After leaving the store, he began to peddle narcotics and associated much with a man who later on received a three-year sentence to the penitentiary.

After using cocaine for five years, he began in 1918 to take heroin to counteract the restlessness and anxiety produced by cocaine. He was then taking so much that he could not sleep and imagined that the police were after him most of the time. When about nineteen years of age, he lived with a woman and submitted to fellatio. He claimed he simply lived with her for sociability and was really having heterosexual experiences with other women at the same time. In 1920 he married a good woman ten years his senior, according to his mother, and spent $1,800 of her money before going to the penitentiary for a violation of the narcotic laws. His wife holds a good position and is said to be desirous of rejoining him, but he refuses to live with her because of her two children, whom she is unwilling to neglect to please him.

The patient has a cousin, not an addict, who spent four years in the Leavenworth Penitentiary for breaking into and stealing from a government institution. His remark that this cousin, now a prosperous bootlegger, would never be caught because "he is too slick and has police protection", and the evident satisfaction he showed in saying that the inspectors regard him, the patient, as one of the "slickest drug peddlers in the business", shows the false value he places on things and are added expressions of the warped mental attitude that he displayed when a boy. The patient has been treated for syphilis contracted from the woman who practiced fellatio upon him. He now has a heart lesion and is somewhat emaciated from the effect of drugs.

In reviewing the life history of this man, those who have studied the evolution of psychopathic characters from the standpoint of heredity and environmental influences may doubt whether narcotics have had much to do with his downfall. The outlook was no doubt bad from the beginning and it is impossible to determine definitely what the result would have been without narcotics. Some non-addicted persons with his original faulty make-up turn out better. It is thought that narcotics have already contributed to his deterioration, and it seems sure that he will never be cured. Further deterioration is, therefore, inevitable.

Contrasted with the spoiled, complaining, selfish neurotic weakling just described, who in any event would have made a contemptible showing in the world, is the case of the man cited below who was undoubtedly ruined by narcotics and the associations that so often go with addiction:

Case 35, now thirty-eight years of age, started smoking opium twenty years ago. After the importation of smoking opium was prevented by

law, he used morphine and when this could no longer be secured, he changed to heroin. Cocaine was indulged in from time to time, but he discontinued this because of its obvious harmfulness. During one period of nine months, he used regularly ⅛ of an ounce of morphine and from 12 to 15 grains of cocaine daily.

The patient's father was a prosperous business man, but drank heavily. There are three brothers doing well in a business way and one normal sister. All of the brothers drink, but none is a drunkard. His mother is intelligent and healthy, and the patient has always been fond of and obedient to her except in relation to his narcotic habit.

As a boy, he was healthy and is supposed to have been normal in every way, but got into bad company, and this naturally became still worse after his addiction. During school years he was too much engaged in having a good time to become seriously interested in his studies. He has worked in numerous positions, but never regularly after the production of narcotics was made difficult. He at one time drove a cab, and other addicts claim that he was discharged for attempting to rob patrons and say that he has a reputation for being pugnacious and a fighter. His only serious contact with the authorities has been for violation of narcotic laws, for which he served two terms amounting to nearly four years. His pugnacity, which was considerably augmented through drinking during two short periods when he was off the drug, and his prison record make him a well-known character to the police, and it has had a bad effect on his personality to be questioned about numerous affairs of which he knew nothing.

About one year ago he was taken off the drug, but within a week after leaving the hospital, he got drunk and had a fight with the police, who arrested him, and two weeks later he relapsed to heroin. For the past seven months he has held a position as a salesman which pays him $40 per week. He is apparently highly efficient and is well liked by his employer, but he spends a large part of his salary for the drug and lives in continual fear that something in connection with his habit will happen to deprive him of his job. Insomnia was a distressing symptom after his last treatment, but he is anxious to take treatment again and thinks that, with work to keep his mind employed, a cure might be permanent.

This man still has some remnants of a strong personality similar to that possessed by his brothers. Unlike the "spineless" psychopath previously described who projects his trouble on the environment and appreciates nothing done for him, he blames no one but himself for his present plight, is ashamed of the disgrace his conduct has brought on other members of the family, and is grateful for the efforts that have been made to help him. While devitalized by morphine and cocaine, he could not resist the influences of an evil environment, but the family history and his own personality lead one to believe that, barring the accident of addiction, he,

like his brothers, would have been a law-abiding, industrious citizen in spite of the mild inebriate impulse that would probably have led him to drink a great deal in early life.

The deterioration so common in the class of addicts in which narcotics were found to be most harmful did not effect all of them. Some have worked and lived within the law for periods ranging from five to twenty years. Most of these had a poor moral tone in the beginning which was apparently not affected one way or the other, but the general effect of continued use of narcotics, especially if cocaine was used in conjunction with morphine or heroin, has been to lower both the moral and physical tone.

*Effect of Addiction on Industrial Efficiency*

In connection with the deterioration caused by addiction, the industrial records of 172 of these cases have been surveyed. The records were considered to be good or fair in 88, and irregular or unsatisfactory in 84 cases.

The criterion for a good or fair record was continued employment and satisfactory work. Housewives who performed their household duties with average efficiency for the social class to which they belonged were classified with those having good records. A sojourn in the penitentiary for violation of narcotic laws has, in this classification, not been allowed to vitiate an otherwise good industrial record. Some cases who were self-sustaining, but who worked in inferior positions because of their addiction, have been classified as having poor records. The percentage who have good records is probably surprising to those who accept the general view that addicts are almost invariably useless characters. The percentage might have been higher but for the inconvenience caused in some of these cases by necessary narcotic laws.

Of the entire number, 51.2 per cent had good industrial records, but if the professional men and colored people are excluded from the reckoning, only 42 per cent had good records. The records were good or fair in 18 of 24 of the professional men, and in 18 of 24 colored persons. The reason for the percentage of good records shown by the colored addicts is that most of them were recruited from normal individuals. The professional men maintained themselves on a

higher plane of industrial efficiency because of their superior intelligence, higher average of nervous normality, and more advantageous position from a financial standpoint. Three of the six professional men rated as irregular or poor owed their industrial inefficiency to excessive drinking before they became addicted to drugs. Two, one of whom is rated as very poor, were harmed by morphine and cocaine, but the probabilities are that both of these cases would have made an unsatisfactory showing in any event. The other one has always been self-sustaining, but is rated irregular because his struggle with narcotics impelled him to accept for a time a position financially and socially less satisfactory than his education and training should have afforded.

No case classed as nervously normal in this entire series showed a poor industrial record, but in some abnormal cases the record was good. The psychopathic nature of some of these cases was such that even without narcotics nothing but an idle, aimless life could have been expected. Some of the inebriates had good industrial records, and the history presented by a few of them seemed to indicate that had they not changed from alcohol to opium, they would have been useless drunkards.

*Effect on Marital Condition*

The moral character and social efficiency of any group is reflected in the marital records of the members of it. Of 152 addicts in whom the marital records were surveyed, 52 were single. Most of these were below thirty-one years of age and some will no doubt be married later on. Some of the older cases gave their addiction as the cause for being single. This reason apparently had not deterred the extreme psychopaths from marrying. Of the 118 married cases, 46, or 39 per cent, were divorced or separated and a few others were temporarily estranged. That some other factor besides addiction was responsible for the unsatisfactory marital history of these cases is indicated by the fact that 17 of 19 married professional men were still living with their wives. Excluding these from the larger group, 46.5 per cent of married cases were separated or divorced. One of the separated professional men had been an extreme drunkard and the other was an extreme

psychopath. The high percentage of marital infelicity in the remaining cases was traced to several factors, the most important of which was the unusual or unreasonable behavior that naturally flowed from the psychopathic or neurotic character that was the original basis for the addiction of so many of them. Failure to provide, due to dissipation with drugs, accounted for some cases, and in a few others sexual weakness, from the same cause, was a contributing factor. Sexual weakness may have been more important in some of these cases than was determined, but it was learned from addicts in this series that potency is not completely abolished until the daily dose of heroin or morphine is 15–30 grains. Desire is reduced by much smaller doses, but considerable potency remains. One thirty-five-year addict raised ten children. Others addicted for years had families of average size, and men beyond sixty who had been addicted twenty years or more reported sexual competency.

## Summary

Opiates apparently do not produce mental pleasure in stable persons, except a slight pleasure brought about in some cases by the reflex from relief of acute pain.

In most unstable persons opiates produce mental pleasure during the early period of addiction. The degree of pleasure seems to depend upon the degree of instability.

A large number of addicts experience a pleasurable physical thrill following injection of morphine or heroin. Normal addicts experience this thrill in only a very slight degree, if at all.

Cocaine may produce pleasurable stimulation in both the normal and abnormal, but the pleasurable effect is slight in nervously normal individuals.

Nervously normal opium addicts apparently do not undergo appreciable mental or moral deterioration, but this class of addicts constitutes only a small proportion of the total number in the United States.

Much of the moral deterioration attributed to narcotics in the past was not deterioration, but an original nervous instability and moral obliquity.

Mildly psychopathic individuals deteriorate more because of their addiction than any other class of addicts.

No preparation of opium produces any appreciable intellectual deterioration.

If there is any difference in the deteriorating effect of morphine and heroin on addicts, it is too slight to be demonstrated clinically.

Cocaine is much more harmful than opiates and long-continued use of addiction doses of cocaine is destructive both to the physical and mental well-being of any type of person.

Who can separate his faith from his actions, or his belief from his occupation?

Who can spread his hours before him, saying, "This for God and this for myself; this for my soul and this other for my body"?

—Kahlil Gibran, in *The Prophet.*

# THE CASE FOR THE MENTALLY RETARDED*

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EXPERIENCE has shown that not less than 2 per cent of the pupils enrolled in the elementary grades of our public schools are retarded mentally to such an extent that they cannot, in justice to themselves and to others, be educated wholly in the regular grades. Special classes have been formed in the public schools of our large cities to provide not only for the mentally retarded, but also for the blind, the deaf, the crippled, and other types of handicapped children. But the difference in the attitude of school officials towards the special classes for the mentally retarded, as compared with their attitude toward special classes for other types of handicapped children, is marked. They seem to feel that the primary purpose of forming special classes for the mentally handicapped is to get them out of the regular grades where they have been interfering with the progress of the normal child. Yet this argument is seldom advanced as the primary cause for the formation of special classes for the blind or deaf, although these children are more of a handicap to the progress of normal chldren than the mentally retarded. Again, much emphasis is placed on the great expense of caring for the mentally retarded in special classes, although it costs much less to educate a mentally retarded child in a special class than it does one who is blind or deaf.

The true reason for this difference in attitude seems to be that school officials have grave doubts as to whether the mentally retarded child is worth educating. One can point to those handicappel by blindness or deafness who have rendered great service to their fellows, but who can name one mentally retarded person who has made any notable contribu-

* Read before the Mental Hygiene Section at the Fifty-second Annual Meeting of the National Conference of Social Work, Denver, June 16, 1925.

tion? Then, too, the education of the blind, deaf, and crippled makes a much greater appeal to people's sympathies than the education of the mentally handicapped. No one knows when he too may become blind, deaf, or crippled. But where is the individual who fears that he will become feebleminded?

But there are certain more specific reasons why the same enthusiasm is not shown for the education of the mentally retarded that is manifest when it comes to the education of the blind, deaf, and crippled.

In the first place, so much has been said about the high correlation between mental retardation and delinquency that many feel it is a waste of money to provide an expensive education for individuals who are destined to become a menace to society.

In the second place, since the intelligence quotient of the individual seems to remain constant or to decrease, and since these mentally retarded children have demonstrated their incapacity by repeated failure in the regular grades, many cannot see why we should spend still more money on their education when they are going to turn out to be an economic burden to society no matter what may be done for them in special classes.

In the third place, the eugenists have said so much about the deterioration of the race through the rapid increase of the mentally retarded, that many feel that to spend more money on their education is simply to increase the probability that they will marry and propagate their kind. For those who hold this opinion, the special class is just a makeshift to provide for the mentally retarded until they can be drafted off into state institutions for the feebleminded.

In the light of these views, it is not surprising that many school officials hesitate to make adequate provision for the education of the mentally retarded.

But let us consider these objections more carefully to see to what extent they are well-founded.

In the first place, is it true that most of the mentally retarded are delinquent or in imminent danger of becoming so? While it seems to be true that most of the delinquent children in the public schools are mentally retarded, it does not neces-

sarily follow that most of the mentally retarded are delinquent. In the large cities that have separate special classes for the delinquent and the mentally retarded, the enrollment in the latter is almost invariably several times greater than in the former, although in the classes for the delinquent are found pupils of normal intelligence as well. This is all the more surprising when one remembers that delinquency frequently originates in the discouragement and humiliation that come from repeated failure, and usually the mentally retarded child has had abundant experience with failure before he is put into the special class.

In the public schools of Detroit in June, 1924, the enrollment in special classes for the delinquent was less than 400 and in special classes for the mentally retarded more than 2,600. However, among the 2,600 there were 6 per cent who had been behavior problems during the school year. Counting in this 6 per cent with the pupils found in special classes for the delinquent, we get a total of less than 20 per cent of all the mentally retarded. In other words, more than 80 per cent of the mentally retarded are not behavior problems. Wallin[1] found that less than 4 per cent of the pupils who were or had been in the special public-school classes of St. Louis had a known record of delinquency.

Not only are most of the mentally retarded not delinquent, but the largest percentage of delinquency is found, not among those most seriously retarded mentally, but among those of less mental retardation. Of 1,120 pupils sixteen years of age in the Detroit special classes for the mentally retarded, 18 per cent had a mental age of less than 8. This percentage of pupils with a mental age below 8 is much higher than was found among the feebleminded inmates of the two state schools for delinquents. For in the Industrial School for Boys at Lansing, Michigan, only 2.5 per cent of the 21 per cent considered feebleminded had a mental age under 8. In the Industrial School for Girls at Adrian, Michigan, less than 5 per cent of the 34 per cent found to be feebleminded had a

[1] See "An Investigation of the Sex, Relationship, Marriage, Delinquency, and Truancy of Children Assigned to Special Public School Classes," by J. E. Wallace Wallin. *Journal of Abnormal Psychology and Social Psychology*, Vol. 17, pp. 19–34, April–June, 1922.

mental age under 8. That is, in these reform schools the percentage of the feebleminded with a mental age below 8 was not one-third as great as that found among special-class pupils sixteen years of age. Of 152 admissions to the Institution for Defective Delinquents at Napanoch, New York, only 7, or 4.6 per cent, had a mental age below 8.[1] Twenty-eight per cent of 608 successive admissions to Sing Sing prison were diagnosed as intellectually defective.[2] Yet only 5 per cent of the mentally defective for whom they had reliable data had a mental age of 9 or less. In other words, of the cases considered feebleminded found in reform and penal institutions, the percentage with a mental age under 8 is only about one-third as great as that found among pupils sixteen years of age in special classes for the mentally retarded.

However, it may be said that many of the lower-grade feebleminded delinquents are sent to institutions for the feebleminded instead of being committed to reform schools or penal institutions. If this were true to any great extent, we should expect to find in these institutions a much larger percentage of males than of females, for it is a well known fact that male delinquents greatly outnumber female delinquents, yet the statistics for the country as a whole show that in institutions for the feebleminded, the sexes are almost numerically equal, 51 per cent being males and 49 per cent females.

In special classes for delinquents in the public schools, the percentage of the mentally retarded who have an intelligence quotient under 50 is less than it is in the special classes for the mentally retarded. Furthermore, in the latter it is usually the pupils with intelligence quotients above 50 who are the trouble makers. Looked at from almost any angle, it is evident that the most seriously retarded mentally do not furnish as large a percentage of delinquents as those of less mental retardation.

Let us now consider the second objection to the adequate education of the mentally retarded—that it is a waste of

[1] See Third Annual Report of the Board of Managers of the Institution for Defective Delinquents, Napanoch, 1925.

[2] See *A Study of 608 Admissions to Sing Sing Prison*, by Bernard Glueck, M.D. MENTAL HYGIENE, Vol. 2, pp. 85–151, January, 1918.

money because they can never be made self-supporting members of society. To what extent is this true?

The work of Bernstein[1] and others has shown that it is possible to train a large percentage of the feebleminded in institutions who have a mental age of 8 or above to become self-supporting while working under supervision and that it is possible successfully to return many of them to society. If this is true of the unstable institutional type, how much more true it is of the individual of like mental retardation found in special classes. The follow-up work that has been done in Detroit and in other cities with the boys and girls who have been in special classes brings to light the fact that some of them with a mental age of 8 and a few of even a lower level of intelligence are law-abiding, self-supporting members of society. It is true that not by any means all of those with a mental age of 8 are making good, and many of those of the higher intelligence levels have failed. But for that matter many persons of normal intelligence fail to make good upon leaving school, for there are many things beside intelligence that are important factors in determining success. But the fact that some individuals of an intelligence level of 8 or less are making good shows that more than 80 per cent of the special-class boys and girls have enough intelligence to make good in society provided they possess certain other mental traits and have had the right kind of training.

But what shall be said of the 15 to 20 per cent who, at the time of leaving the special classes, have an intelligence level of less than 8? With the best of training in special classes, few of them will ever become self-supporting. Many feel that this group has no place whatsoever in the public schools and should be excluded as properly institutional cases. In fact, many school systems refuse to take into special classes pupils with an intelligence quotient below 50 who have a mental age of less than 5. This means that these children cannot even enter the public schools until they are ten or eleven years of age.

During this period the child remains at home, a burden

[1] See *Colony and Extra-institutional Care of the Feebleminded* and *Colony and Parole Care for Dependents and Defectives*, by Charles Bernstein, M.D. MENTAL HYGIENE, Vol. 4, pp. 1–28, January, 1920, and Vol. 7, pp. 449–71, July, 1923.

to parents often hard pressed to provide the necessities of life. Yet even under such conditions most parents are unwilling to send a young child away to a state institution. Would it not be a wiser policy to provide a class in the public schools for such children and put in charge of this class, not a high-priced teacher, but a matron who would look after their physical needs and teach them the simple, practical things children of their level of intelligence are capable of learning? Since we are caring so generously for the blind, the deaf, and the crippled in our public schools, many of whom are handicapped not only physically, but mentally, it seems only fair that we make some provision for those who are so seriously retarded mentally. These are not the children who are apt to become a menace to society through committing crimes or propagating their kind. By caring for them in the public schools, we relieve the humble homes of a burden they can ill afford to bear. Furthermore, it is a measure of economy, for it is much cheaper to care for these children in the public schools than it is to support them in state institutions. It is these younger children that the parents are loath to send away to an institution, for they still have hope that the child may become normal. In fact in a large percentage of cases, if the public schools were willing to bear part of the burden, these children could remain in their homes without ever becoming a menace to society.

If, under right conditions of training and instruction, 80 per cent of the special-class children possess the possibilities of developing into self-supporting, law-abiding citizens, the problem of special training has the greatest significance, especially when the other alternative is considered—namely, support in a state institution either for the feebleminded or for the delinquent. In 1921–1922, the average cost of maintenance for the inmates of the state institutions for the feebleminded was $290[1]. The expectation of life for a person sixteen years of age is forty-six years. This means that the average total cost of maintaining an individual sixteen years of age for the balance of his life in an institution for the feebleminded amounts to over $13,000. Surely money spent

[1] *Schools and Classes for Feebleminded and Subnormal Children.* Washington: Government Printing Office. (Bureau of Education Bulletin, 1923, No. 59.)

on special education is wisely invested if we can save society the enormous expense of caring for many of these handicapped children in institutions for the feebleminded or in penal institutions.

But it is evident to most of us who are engaged in the work of educating handicapped children that we have a long distance to travel before we shall be able to develop into law-abiding, self-supporting citizens 80 per cent of the mentally retarded who come under our direction. It is not enough that we provide proper physical training and health instruction, that we insist on the formation of desirable habits and give them the knowledge that will be of most worth to them in those simple occupations that they are destined to enter. To be successful, we must get them early. It is too much to expect us to take them after they have become discouraged and delinquent through repeated failure and convert them into useful members of society when we have them under our control only five or six hours a day five days in the week nine or ten months in the year. Even those schools and institutions that have them under control twenty-four hours a day find it difficult to break up bad habits of long standing and form new ones that will stand the test of experience in our complex social and industrial life. It is the same old story—an ounce of prevention is worth a pound of cure. It is even not enough if we get these children into the special classes during the first year of their school life, before they have become discouraged through failure in school. We must reach them during the pre-school period, for there is such a thing as disheartening failure long before the child enters school. We dare not forget that most of them come from the homes of the poor, the ignorant, the unintelligent. They come from homes where children are neglected through ignorance or through poverty or indifference. If those in charge of special education regard their domain as not extending beyond the school, the work is doomed to failure. The department of special education is the trouble department of a school system. We must go to the seat of the trouble, which in a very large percentage of cases is the home. Habits that may determine the entire future of the child's life are formed during the pre-school period.

We must not forget that one-third of the cases of feeble-mindedness are due to non-hereditary causes. But this knowledge will be of little value to us if we close our eyes to the fact that many of these children suffer from wrong feeding, insufficient clothing, preventable disease, and improper training during the years before they are of school age. The work of the habit clinics conducted under the direction of Dr. Thom[1] has abundantly proved the value of early contacts with the home. He points out how often those who bring their child to the clinic for treatment are unaware of defects more serious than those they desire to have corrected. It is the more intelligent parents who take their children for treatment; the less intelligent ones are apt to be unaware of or indifferent to the physical and mental handicaps under which their children are struggling. In other words, we must go to the homes, not wait for the parents to come to us, if our work is to be most effective.

But how are these children of pre-school age who stand in need of help to be found? One way is through the organized charities, for where a family is so poor that financial assistance is needed, ignorance and incapacity are also apt to be found. A second channel of approach is through the children in the special classes for the mentally retarded. One mentally retarded child is all too often a precursor of another in the same family. In some special classes there are at one time two or three children from the same family. The teacher, the social worker, and the nurse are the triumvirate that will make it possible for us in the future to improve conditions in the homes of the poor, the ignorant, and the unintelligent through instruction of parents in the care of their children. It must be a coöperative enterprise, the school, the physician, the civic and welfare organizations all working together in order that the child born into an unfavorable environment with or without normal mental endowment may make a right start during the formative years of the pre-school period. Through such coöperation, the percentage of children in special classes for the mentally retarded who can

[1] See *Habit Clinics for the Child of Pre-school Age*, by Douglas A. Thom, M.D. Washington: Government Printing Office, 1924. (Department of Labor, Children's Bureau, Publication No. 135.)

be developed into law-abiding, self-supporting citizens will be greatly increased.

The third objection to special education is that it simply increases the number of mentally retarded boys and girls who will probably marry and propagate their kind. For we make the girls more attractive as wives by the practical training we give them in sewing, cooking, and laundering, and we make the boys self-supporting through the varied training we are offering them along manual lines. In other words, the more successful special education is, the more children we shall have who need special education.

It must be confessed that there is something incongruous in the more intelligent members of society spending their lives in educating the least intelligent, without seriously attempting to remove the causes of mental retardation. We have already suggested that much can be done through pre-school training, especially for that large group of children whose mental retardation is due to environmental causes. But what shall be said of the larger group, constituting not less than two-thirds of the mentally handicapped, whose condition is due to hereditary causes? It is true that the special class affords an excellent opportunity for the discovery of the more serious of these cases with antisocial tendencies before they have committed crimes or reached the age of adolescence. These could well be confined in our state institutions for the feebleminded. But even if those with antisocial tendencies were confined in institutions, there remains the problem of the much larger group of the mentally retarded who are reproducing their kind in large numbers.

We deprecate the increase in the birth rate among the inferior classes and the decrease in birth rate among the upper classes, and raise our hands in despair as to what should be done. The fact is, as every one knows who has given any thought to the matter, that birth control is practiced by the middle and upper classes, but that this knowledge, which is current among the more intelligent, is not the common possession of those most inferior in intelligence. Then why not give the mentally retarded instruction in birth control? Why not recognize the fact that the sex instinct and the parental instinct are not the same? The sex instinct may be very

strong and still be associated with little or no desire for children.

Does any one suppose that even mentally retarded parents are so deficient in intelligence as to desire a large number of children when they are scarcely able to support themselves? Children are no economic asset, as they were in the earlier history of our country. If so many of the more intelligent and more prosperous members of society voluntarily restrict the size of their families in order that they may properly provide for their children, is it a crime to enlighten those of less intelligence in order that children defective in mind may not be brought into the world? It may be replied that they should control the sex instinct. Possibly, but the fact is that they don't. We are confronted with a condition, not a theory. If free clinics were established where knowledge in regard to birth control might legally be obtained from physicians, the problem of the excessive increase in the number of defective children would in large measure be solved. For then nurses and social workers could direct to these clinics those who stand most in need of this information.

Could anything be more unintelligent than for the intelligent to go on caring for and educating the handicapped without attempting to reduce their number?

# PERSONALITY DEVIATIONS AND THEIR RELATION TO THE HOME*

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IN studying 1,000 children known to the habit clinics in Massachusetts, we have been continually impressed with the fact that habits or conduct reported as alarming or annoying are, time after time, only a natural response to the stimuli these children have received from their home setting.

Many leaders of thought and action have, in early years, manifested deviated personality traits, yet on finding their proper groove, have contributed largely to the world's advancement. Take, for example, Patrick Henry.

In his youth it was generally considered by his family and friends that he was doomed to mediocrity. Yet it may be said that he struck the match that started the Revolution. William Wirt, his biographer, has given an interesting sketch of his personality. "His school education was a farce; he was too idle to gain any solid advantage from the opportunities which were thrown in his way; he was passionately addicted to the sports of the field and could not sustain the confinement and toil which education required; his efforts were desultory and became more and more rare until at length, when the hour of his school exercises arrived, he was scarcely ever to be found; he was in the forest with his gun or over the brook with his angle-rod. In business he was a misfit; he hated the application and detail and shifted about adding failure to failure. As a last resort he took up law as a profession. It soon became evident that he had unmistakably found his place in life. From this point he enters into the history of the nation."

Although a few of the "unusual" individuals will undoubtedly become geniuses and leaders, still the dividing line is narrow and frequently only a matter of chance. The rank and

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file will go to fill the roll of misfits unless circumstances permit many readjustments.

The mere fact that a child has been referred to a habit clinic indicates that to some one person at least he has appeared deviated from the normal in one way or another. The question may here be raised, What is a deviated personality and what is normal? Let us say that a person whose conduct varies markedly from the established rule and custom of the environment in which he happens to be placed may be considered deviated from the normal.

Each one of us is the product of his inherent make-up played upon by the forces in his particular environment, and in the great majority of cases a study of the social setting of an individual will show quite clearly the causal factors that are producing the twists of personality.

If hampering characteristics are to be avoided, the start must be made in early years. During the first five or six years of life the home plays the most important part in the child's development. The personalities of those with whom he comes in close contact make up, to a large extent, the forces that are to play upon him during this formative period. Because of his plasticity and suggestibility, it is most important that he be surrounded by those who are able to provide him with calm, wise guidance and an atmosphere free from friction. The home divided against itself often becomes the battle ground on which many a child's future is sacrificed. It has been said that "an individual's outlook and point of view in dealing with many of the most important questions of human existence can be expressed in terms of the position he has taken up with regard to the problems and difficulties arising within the relatively narrow world of the family".[1]

In infancy the child is totally dependent on others for life as well as for comfort. Gradually this dependence must be thrown off until, as a well-rounded adult, he stands alone and self-sufficient. This growth of self-reliance in the child is one of the hardest things many parents have to meet. By making infancy too attractive parents may definitely, although unintentionally, hamper the child's development. This was the

[1] *The Psychoanalytic Study of the Family*, by J. C. Flügel. New York: International Psycho-Analytical Press, 1921.

case with a little girl of four whom we saw recently. Because of the over-zealous care of her parents, she has remained dependent and clings to the privileges of babyhood. In order to make the child sleep, her mother lies down with her; to make her eat, she feeds her. Lest the child tire herself, the mother drags her to school on a sled in snowy weather and in wet weather carries her across the puddles. Each difficulty or rough place this child should be learning to meet is smoothed over or side-stepped. If things do not go her way, she screams or resorts to vomiting as a means to obtain her ends. She has had no playmates, as she has never been allowed out with other children because her parents feared accident in the streets or contamination by undesirable neighbors. She is the only living one of five children, the others having died at birth. This has caused the centering of the parents' affection and anxiety on her and is preventing her from making a good adjustment to life.

It is, of course, easier to do things quickly for a child than to let him take his time. But a child must explore and blunder in order to build a basis of experience upon which he can form his judgments of what to do and what not to do.

Undue concern on the part of the parents often causes marked changes in the personality of a child. After a serious illness or accident which has placed him in danger and caused anxiety in the household, it is difficult for parents to control him wisely. They may cease to exert authority, fearing harm will result, and it takes only a short time for a child to learn that with his symptoms he can control his environment.

We recently saw a child of nine who had been excluded from the public schools for a year because of conduct so vicious that she could not be tolerated in the group. She had been a normal, friendly youngster until a little more than a year before, when she was knocked down and run over by an automobile. She was taken to a hospital and remained unconscious for several days. Later examinations and X-ray observation showed no evidence of injury, although she complained of abdominal pain and headache.

Her family was most solicitous. The older children were made to give way to her wishes and she became the center of

much attention and concern. No discretion was used in talking before the child; the whole affair was gone over in detail and the mother constantly asked her how she felt. Being easily suggestible, the youngster quickly acquired many physical complaints. Her frequent response became, "I don't feel well", or, "My heart bothers me." If aroused, she would explode in outbursts of temper. Her conduct at school became defiant and belligerent. On one occasion she gouged the face of a schoolmate with her finger nails. Another time she pursued a boy into a delicatessen shop and threw an over-ripe tomato at him. After several trials she was finally expelled from school, having earned the reputation among teachers and playmates of being "crazy"—a rôle which she, with her impulsive acts, well filled. The family obtained a private tutor for her, and this increased her claim to invalidism and caused her to stand out still farther from the group as an unusual personality. When first seen at the clinic, she appeared to be in full command of her environment.

Physical examination showed no basis for her complaints. Psychometric tests gave her a "low normal" rating with good general ability. The situation was gone over carefully by the psychiatrist with both mother and child. Arrangements were made to reinstate her in school. The whole matter was explained fully to the teachers who, although dubious, after persuasion agreed to give her a chance. Emphasis was placed on a desire for good health and the accident and its effects were minimized. All talk in regard to her symptoms was absolutely tabooed in the presence of the child. Her response was immediate. Her difficulties outside the home did not recur. She was given many wholesome opportunities for attention and approbation in her school contacts. At home the progress, although slower, was steady. The many personalities in the home made the task of changing attitudes a difficult one, but gradually this child is falling back into her proper relationship to the others in the household.

Over-solicitude often defeats its own ends by creating such an intense emotional situation that the original difficulty is only exaggerated. Take the case of a distracted young father whose wife died of tuberculosis. Fear that his one child may contract the same disease has made him watch her physical

condition closely. To him, gain in weight appears as the most important thing. Therefore, three large meals a day are forced upon her; each meal becomes the occasion of coaxing, pleading, and threatening, and ends either in the father's feeding this child of six every mouthful she eats or in a complete loss of temper on his part and a sound spanking, either result making the desired end harder to obtain.

The interference of relatives is always detrimental to children and makes wise and consistent discipline impossible. The danger is particularly great in families of the European and Eastern races where the custom is for the relatives to live together and for the grandmother to be looked to as an authority on all matters pertaining to the children. The older generation resents the introduction of modern theories in regard to the upbringing of the children and is inclined to scoff at "American ways". A young mother must have strong courage of her convictions to try out new methods in defiance of the grandmother, for if anything goes wrong, the blame is sure to be hers. This lack of understanding tends toward constant friction and bickering.

One woman, after talking with the psychiatrist at the clinic, went home determined to break the nursing bottle and so stop her four-year-old child from taking her milk in this way. This was to be the first step in helping the child to give up many infantile habits clung to tenaciously. The mother broke the bottle, but the grandmother arrived in time to see the little girl screaming in wrath. Declaring that the doctor's suggestions were all ridiculous, the grandmother promptly bought two more bottles. The mother, with a weary shrug, says, "What's the use? I break these and she just buys more."

In another family the little girl of five has learned skillfully to play her over-solicitous, meddlesome great-aunt against her father and stepmother, to her own immediate advantage. The congested section of the city in which she lives has been kept in turmoil for months over the family rows. While living at home with father and stepmother who are harsh and indulgent alternately, if things do not suit her, the child runs to her great-aunt nearby with lurid tales of the abuse she has undergone at home. When tired of living with her aunt,

she returns home, again carrying tales. What one relative will not allow, the other is sure to permit. The neighbors add fuel to the fire by their gossip. Frequently there are actual "fist fights". Steeped in this atmosphere of strife, it is little wonder that this youngster turned up at clinic with her mental life partially disintegrated. She was unable to eat or sleep properly and was incorrigible and domineering to an exaggerated degree, frequently giving way to paroxysms of temper. On her first visit to the clinic she became so enraged that she screamed, stamped, and finally stripped off her clothes and tossed them about the room. When she saw that this netted her nothing, she quietly picked up her things and put them on again, although still looking sullen and defiant.

Upon a careful survey of her home and neighborhood setting, it was decided to try placement away from home at once, while an effort was made to change the attitudes in the home. We heard just the other day that after a few months' stay in her foster home, the agency who has her in care would like to return her, as they wish to place only *problem children* and she has presented no problem since placed!

The attitude that many parents take of expecting undesirable conduct and of inability to cope with it has a strong influence on the children. If the suggestion is constantly made that John is different and can't eat what the other children do or that Tom simply won't stay in the yard or that Mary is *so* shy before strangers, there is no cause for surprise when Tom bolts at every opportunity or Mary hangs her head. Children like attention and will obtain it somehow.

This is shown quite clearly in the case of a youngster who bears the reputation of being willfully destructive and disobedient. At the age of three and a half, he rides roughshod over all the members of his family and destroys anything to which he happens to take a fancy.

Upon one occasion he played quietly on the kitchen floor until pointed out to the visitor by his mother with the remark: "He's a devil. We can't do a thing with him." From that moment he fully lived up to the rôle expected of him. He turned on the gas burners, broke the glass castors on the piano stool, smashed to bits a large, new doll belonging to his sister, and finally threw a wooden packing box at the

visitor. During this scene the mother lay on a couch complaining of a headache and saying weakly, "Oh, isn't he awful? He ruins everything and I can't stop him."

Discipline in this home is a most casual matter. One moment the child is scolded and threatened for his conduct and the next moment it is the object of laughter. Repeatedly he hears his pranks talked over and retailed with an air of pride. He appears to care little for approval or disapproval and takes delight in the act of destruction and the excitement it creates; with an eye on the audience and a joyful grin, he demolishes whatever he can lay his hands on. He finds it quite satisfying to be "the despair of the family".

We speak of a child's environment, yet often the term "environments" is truer. Take, for instance, a Syrian lad of five, the oldest child and the only boy. His parents are young, American born and educated, and are trying to live up to American standards as they see them. On the first floor of the same house live the Syrian grandparents, holding to their Old World ideals and customs. They idolize the children, particularly the boy, the future head of the family. He is pampered and waited on by them, and when obedience is demanded by his parents, he is told by his grandparents that nothing is too good for him and that he does not have to obey. He soon learns defiance and disregard for his mother's wishes and must be in constant conflict because of the clashing standards and demands of his environments.

We are apt to feel that the environment in a given home is the same for all the children, yet often it is totally different because of the attitudes of individual members. Special likes and dislikes and open favoritism all tend to foster jealousy and injured feelings, which are followed by varying results in the way of personality twists or deviation.

We have been interested in the study of two brothers. One, at two years, is vivacious, active, and pugnacious, striking and slapping his brother or playmates to gain his ends and domineering over his brother two years older. He is responsive and friendly, readily drawing adults to him because of his cheeriness and air of bravado. The other, at four years, is quiet and retiring. He gives way at once to

his little brother's demands, making no effort to assert his rights, is shy and unresponsive and inclined to be fretful.

The marriage of the parents has proved fundamentally unhappy. When the older boy was a year old, the parents separated, but after several months, the mother allowed her husband to return because of her anxiety over the youngster who had been devoted to his father and was apparently grieving for him. The children's earliest recollections must have been of constant quarreling. The family was lined up, with the mother and younger boy opposed to the father and older boy, each parent defending the special favorite against punishment and discipline by the other. This continued until the father left home for good about a year ago. His going did away with much of the friction, but left the older lad without his champion. After a few attempts to assert himself, he sank to his present state of letting things go without a struggle. He lives in an atmosphere of discouragement and discontent. He is the object of fault-finding, scolding, and blame, and he feels inadequate and discriminated against.

The younger one, on the other hand, receives praise and kindly interest and is buoyant and aggressive. He has the backing of his mother, who turned her affections to him when unhappy with her husband. The mother and her relatives are unconsciously, but steadily exaggerating and making permanent the markedly different personality traits of these two boys, who are living in the same physical surroundings.

We have been able to indicate only a few of the many conditions in home life which have been factors in the creation of unusual personalities. There has been no time to show how attitudes have been changed or to tell of the improvements that have followed.

It is not the intent of this paper to leave the impression that the home is necessarily a destructive element in the child's life, but rather to show that it has tremendous power, both destructive and constructive. We must, therefore, bend our energies toward giving parents every opportunity to develop themselves normally and unwarped in order that they may be able to be the splendid factors for good that they should be in the lives of their children.

# THE MASCULINE SIDE OF OCCUPATIONAL THERAPY

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OCCUPATIONAL therapy came into prominence and general use as a treatment measure at the beginning of the World War, but the pioneer period in the field of its conception, the mental and nervous, antedates the war over a hundred years. Some pioneer use of occupational therapy had been undertaken in other medical fields just prior to the war, and in at least one—that of tuberculosis—its value as a treatment measure was already well established.

This pioneer work had developed a small group of experienced therapists, and as this country planned to enter the war, workers were trained in sufficient numbers to meet the anticipated need. Experience with the use of occupational therapy in military hospitals emphasized more clearly the service this method of treatment could perform in the several medical spheres. The results gained by its use in the treatment of various types of disability showed that the several technics of occupational-therapy treatment were developing along sound lines.

As it is the purpose of this paper to present in detail a certain phase of occupational work in one field, it seems hardly necessary to give more than an outline of what is being accomplished through the use of this treatment in the various spheres. In the psychopathic wards depressed patients have their interest in life subtly reawakened through the encouragement derived from tasks accomplished and through the development of outside contacts. The over-active find a constructive outlet for energy which, when not successfully employed in this healthy manner, is vented and dissipated in destructiveness. The under-active are stimulated to make some simple constructive effort, which is then skillfully developed until it becomes a positive therapeutic and reëducative force. Those who are fearful have their fears dissipated by

reassuring contact with occupational-therapy projects. Patients are made to realize that their ability to perform, though much impaired, still exists and can be redeveloped.

In the tuberculous service, contentment of mind is a condition conducive to successful treatment and convalescence. Hospitalization is very irksome, and the physical inactivity necessary during certain stages of the treatment or cure tends to develop discontent, which lowers morale and has other subtle and harmful effects. Occupational therapy, which has been prescribed by the physician and is carefully graded to meet the patient's needs, eliminates introspection and conduces to wholesome objective interests. The cheerful and hopeful spirit thus inspired and carefully nourished is now recognized as a valuable aid in bringing about recovery.

In some phases of general-hospital work, occupational therapy has problems to meet similar to those just outlined, but in a surgical ward the problems are quite different. Here, while those more subtle reactions fostered by occupational therapy are just as conducive to the well-being of the patient, other needs present themselves and it is more largely these that the therapist is expected to meet—namely, the reëducation of certain members or parts of the body, which, because of injury and in spite of corrective surgery, have ceased to function properly.

In brief, this is the service performed by occupational therapy, and during the war it was essentially woman's work. Prior to the war a few men were engaged in branches of the work which required of the therapist certain characteristics that are essentially masculine. The impetus given occupational therapy by war experiences has carried over to the needs of peace time and the entire field of occupational endeavor has expanded.

The field that now appears to require the services of men therapists is the men's department of the mental and nervous hospital. Here the therapeutic retraining must be masculine in character. There is, to be sure, a phase of the work in these hospitals with bedridden men patients which seems to require, in many instances, the woman occupational therapist. Those patients who are not in this class represent the field for the trained man.

What are the essential qualifications of the male occupational therapist? He must have cheerfulness which can be discreet and, when necessary, well contained; hopefulness founded upon a faith that will not be discouraged by the often inexplicable course of events; patience that can withstand with firmness the most severe tests; sympathy under conditions that sometimes seem ludicrous, tempered by an immovable firmness when this is for the ultimate good of the patient; and endurance to pursue a course of treatment under the most harassing type of opposition and lack of coöperation on the part of the patient. Coupled with these a broad knowledge of arts and crafts and many allied manual activities is essential. A well-founded knowledge of mechanical drawing, free-hand drawing, design, and constructive inventiveness are invaluable assets. These attributes must be developed and modified by hospital experience, which alone can give the student a working knowledge of the principles that control the presentation of crafts as occupational therapy.

The following crafts have been used and found of value: art blacksmithing, art metal work, basketry, bookbinding, brush making, cabinet making, carpentry, cement turning and casting, circular-net and tennis-net making, chair caning, gardening, general outdoor construction, hooked rugs, jewelry, miscellaneous repair work, printing, reed furniture, rug weaving, tennis-racket stringing, and textile weaving.[1]

The well-organized occupational-therapy department to-day uses all the crafts found in this list and some departments even add other small activities.

Experience has shown that three main classes of patients have to be treated: first, those who cannot be trusted with tools; second, those who can be trusted with tools, but react in a neurotic way to them; and third, those who may be and are capable of using tools and desire to be so employed. The therapist is guided in selecting the craft to be presented to the individual as treatment by the doctor's prescription which outlines the patient's need. Progressive treatment is molded by the doctor's and the therapist's observation of the patient's reaction to the treatment.

[1] See Chapter 4 of *Occupational Therapy for the Mentally and Nervously Ill*, by Louis J. Haas. Milwaukee: The Bruce Publishing Company, 1925.

The question will be asked: What is the difference between occupational therapy and the activity that has been called, whenever found in state hospitals for the mentally and nervously ill, industrial occupation? As will be shown later, industrial occupations engage the activities of 55 per cent of the whole patient population of the state hospitals for mental and nervous diseases. While industrial activities are largely therapeutic and this phase of the work is taken into consideration, the main purpose is production. In other words, such activities as are included in general housekeeping, upkeep, farming, making and repairing clothing, must of necessity be accomplished within given periods of time. It is also evident that the very nature of these activities precludes the employment of certain patients. There is a definite amount of this work to be accomplished and the number thus employed is usually more than sufficient to perform the tasks. Finally, it should be noted that the tasks must be performed; therefore those who can perform them are employed.

The real difference between occupational therapy and industrial occupation hinges on this point. In occupational therapy no task has to be performed, but for therapeutic reasons the patient must be employed—the task is selected to treat or employ the patient. In industrial occupation the patient is selected who can perform the task that must be accomplished. Those who administer industrial occupations usually have many other responsibilities or bear the relation of a shop foreman to the activity in question, while those in charge of occupational treatment have the responsibilities of therapists or instructors.

It is clear that the approach in each instance must be different. Those who can scarcely perform the tasks considered industrial activities and who under its system of supervision might get into much mischief—perhaps even cause themselves or others distress or injury—can be treated and benefited by occupational therapy. True, some of these patients produce nothing at first and even waste good material, but their habits improve and gradually their level of achievement is raised. After a while they can produce constructive work under the special guidance that the therapist gives. Patients who have been spending their energy in unseemly habits and general

destructiveness under treatment transfer their interest to tasks within their grasp, tasks that at first they can perform only with sympathetic guidance and assistance. A poorly made piece of work may result, but an improved patient, with reawakened interest, more orderly habits, and developing ability outbalances this.

The change in personal habits alone is worth while, as it makes the patient's hospital life more livable and normal. Other changes follow and the patient's level rises. He is equal to more constructive activity within the occupational department, where his improvement may continue until he is discharged. If his disorder is such that he must continue to live under hospital supervision, his level can often be raised until he can be advanced to the industrial-occupation group. Here he can live a modified normal existence under a minimum of supervision, happy and contented with the knowledge that he is an active, helpful member of the community.

The problems presented by patients are individual to each case treated, but the following outline will indicate the form of insight into the patient's needs which the trained craftsman must acquire under experienced guidance before his efforts can be considered therapeutic.

The patient, a man about forty years of age who had been a buyer for an exporter, came to the hospital troubled with certain fears which had become an obsession. He had some insight into his troubles, but was under-active, engrossed, and somewhat depressed. These fears were well defined and limited to certain objects the presence of which in most instances, in various places, would arouse little interest and certainly no fear in the normal individual. These fears centered around the sight of bottles or the thought that bottles might be under tables, chairs, beds, in cupboards, or hid from view by bulky objects. These actual bottles, or those he feared might possibly be located here or there, might contain chemicals which would explode and shatter the bottles, or they might be knocked down and broken and the contents spilled, injuring him or others. This central fear was always present and its contemplation was extremely distressing to the patient. When retiring, he would make a thorough examination of the room and its contents, even the bed, turning down

the sheets, raising the mattress and pillows, and examining the floor under the bed. Having assured himself that there was nothing to fear, he would get into bed and then call the attendant to put out the light. He feared that should he himself put out the light, in the few intervening seconds before he could reach his bed, some one would slip unseen into the room and put broken bottles into the bed. This will indicate the problem to be met, in part, by occupational-therapy treatment. There were other factors, but the occupational department undertook to help allay and dissipate this central fear. As there was no tendency towards self-injury and the patient was not handicapped by any physical disability, a wide range of craft treatment was practical.

The patient, on coming to the occupational-therapy department, was placed in the carpenter shop. Here at first he had to be assigned to a bench at the farthest end of the shop from the cupboard that contained tools and accessories, the bench being so faced that the cupboard did not come within his range of vision. Tools and materials were laid out for him, so that he need not approach this cupboard. To allay his fears still further the contents of the cupboard were enumerated to him; he was not asked to use oil, turpentine, stain, or varnish; and the therapist assured him at the end of each class period that all such materials and containers were safely locked up. As soon as he adjusted himself to this situation, his work position was changed. Observation of other patients entering and coming out of the cupboard was now possible, and the knowledge that they did so without sustaining injury helped somewhat to dissipate his fears.

Next he was induced to handle the stain needed to finish the various pieces of woodwork he had made. As soon as deemed advisable, his place was changed again. Now he was working in a position where every time any one entered the cupboard, he could not help seeing its interior and contents. Before he could be trained to enter the cupboard for the tools and so forth that he needed, he was changed to basketry, because he wanted to make certain baskets as presents for his wife.

Here, also, the program of progressive training in insight and self-confidence was carried on. Instead of having the

soaked reed placed upon his work table (as is sometimes done in the case of the confused patient) the therapist insisted that he go regularly to the tank to procure the weavers as needed. For reasons enumerated above, he hesitated to put his hands into the water to procure weavers of soaked reed. It took consistent firmness to persuade him to take this new step toward the complete dissipation of his fears. Ordinarily tools are laid out at the beginning of the class period, so that it is unnecessary for the patient in the basket room to go to the tool cupboard. The practice was made of leaving certain tools in their place, so that when he had need of these, he would have to go to the cupboard to procure them. It required constant watchfulness to prevent him from inducing other patients to get the tools for him, so that he might evade the retraining program. While the supervision required to carry on this individual program took up a large part of the instructor's time, the patient's reaction and progress justified it.

Each retraining step was continued until its reaction was well established. Next the patient was persuaded with much misgiving to dye his finished baskets, and finally to shellac them, procuring all materials from the cupboard and himself preparing the dye bath and so forth.

Now, because of his lack of self-confidence, he refused to accept a parole of the hospital grounds. A final effort was made through occupational-therapy treatment to build up and develop self-confidence. His activities were transferred to the out-door group. Here he was assigned such tasks as marking tennis courts, weeding the ball diamond, taking care of the flower beds or shoveling the snow from walks, clearing the pond of snow that he and others might skate, and similar jobs. It was so arranged that he would begin a task in company with several patients, but as soon as he became interested and absorbed in the job, the instructor and the group of patients would quietly withdraw to another part of the grounds, leaving him quite alone with his task. After a while he could be induced to undertake a task alone, although for quite a while it was necessary for the instructor to lend assurance by accompanying him to the task under the guise of giving him instructions. Frequent supervision was main-

tained to guard him against lapses into under-activity, which were always imminent. When sufficient self-confidence had been restored, he was required to undertake tasks alone. Consistent with the retraining program, less and less personal supervision of the job was maintained. Finally, he accepted his parole in a formal manner. His occupational treatment continued, his parole was extended to cover week-end visits to his home, and at the time he was discharged a normal level had been maintained for a definite period of time. He is now actively engaged in constructive work and is quite well.

The accompanying illustrations (Figs. 1, 2, 3, and 4) give an idea of the low level of performance which the therapist must be willing and prepared to meet if he would contribute to the patient's recovery. They show clearly that the successful therapist must be more than a good craftsman.

Those interested will ask: How wide is the field for trained men in occupational therapy?[1] One of the largest states in this country has a daily population of 19,269 men patients in the state hospitals for the nervously and mentally ill. During 1923 there were 10,716 men employed in the industrial occupations of these state hospitals, while only 1,462 men were treated per day in the occupational-therapy department. Those industrially employed represent 55 per cent of the daily state-hospital population, while those receiving occupational-therapy treatment represent 8 per cent of the daily population, leaving 37 per cent unemployed. The estimate of those at present unemployed who could be employed or treated, if more ideal occupational-therapy conditions were available, varies from 5 to 50 per cent of the population. The average, which appears conservative, is 19 per cent or 3,661 men.

Thus it will be seen that a very conservative survey of one state shows over 5,000 men mental and nervous patients who require occupational treatment. It is estimated that there are 118,000 men mental and nervous patients in the state hospitals of the United States. If the percentages found in the survey of this one state can be applied to the whole country, the men who would benefit by this treatment number 32,000. This indi-

[1] For a further discussion of this point, see "The Male Occupational Therapist", by Louis J. Haas. *Occupational Therapy and Rehabilitation*, Vol. 4, pp. 53–56, February, 1925.

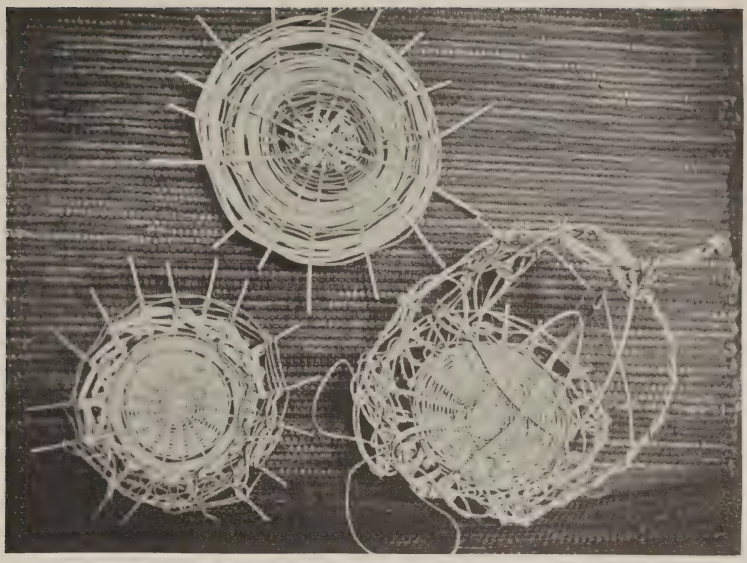

FIG. 1

Figure 1 portrays the basket weaving of a man patient who was then in a much disordered state. In the two lower baskets the orderly weaving at the center was done by the instructor. There was a short period of partially controlled effort and then followed the outer border, which is but a free expression of the patient's disordered state. In the second basket there is no period of partially controlled effort. The upper (the third) basket was made completely by the patient and reflects a returning period of partial control.

FIG. 2

Figure 2 shows a basket made some time later by the same patient, who was still classified as very much disturbed, confused, and over-active. The effort the patient is making to use the basketry as a means of regaining control is evident. While the patient's technic can only be described as confused and primarily childish, there is a consistent repetition of the crude weaving movements, a rough symmetry of form which reflects a progressive redevelopment of more orderly and constructive habits.

Figure 3 reveals in the latter work of the patient the level of concentration, appreciation, and constructive orderliness which the patient has attained.

FIG. 3

Figure 4, representing one of the last and most difficult retraining tasks completed by the patient before his discharge, indicates the level of coördination and orderly thinking achieved.

FIG. 4

cates the size of the field in which the services of male occupational therapists are needed.

As indicated by the findings in the one state survey, the known needs are very largely unmet in all the states. There are many reasons for this and while they cannot all be considered here, it is worthy of note that one of the causes is the small number of men who have the training that would fit them to enter this field of endeavor. It is a fact that when hospital authorities have been convinced of the value of occupational therapy for men patients, inability to obtain trained male therapists for this work is the principal reason that departments are not established. The need for men in this work is stressed because the exclusive use of women therapists during the war has led the educational and general public to overlook this sphere of endeavor for trained men.

As I have previously mentioned, occupational therapy is not a new treatment born of the needs of the World War. Its use in one mental and nervous hospital of this country dates back to 1815 and in another to about 1780 or 1790. Those who were responsible for its introduction into these two hospitals received their inspiration from the successful use of the work cure in certain hospitals of England, Scotland, France, and Spain.

The Civil War in this country brought about economic conditions that overshadowed many former activities, and no records are found showing that occupational therapy was used during that period. A revival of this form of treatment began simultaneously in mental and nervous hospitals in many parts of this country about thirty-five or forty years ago.

Very soon after this revival began, a change took place in the method of presenting occupational treatment. This change, more than any one thing, is responsible for the character and permanence of the development that has followed. Records of the earlier period show that while much use was made of occupational therapy, and while the results were in a measure gratifying, the treatment was applied by those who, while interested, had other responsibilities that claimed first attention. This explains the blank periods in the early history of the development of the use of this treatment.

With the revival of handicrafts in this country and the

teaching of them in the schools, persons trained in the crafts became interested in the treatment of the sick, and the development of permanent organizations began. Now occupational therapy is administered by a department organized for that purpose alone—a department with its own staff and its own director, who is responsible to the medical superintendent as are the heads of all departments in the modern hospital organization. This guarantees the proper functioning of the department and insures the consistent development of the treatment.

The position of therapist and director of occupational therapy has definite responsibilities and well-defined compensations. The responsibilities have already been indicated, while not the least among the compensations is the opportunity to use to the full a knowledge of the arts and crafts and many other activities unhandicapped by the limitations of grade and age. Added to this is the satisfaction of seeing men returned to the normal walks of life, cured and with a broader appreciation of all that is beautiful and good.

A clearer insight into this phase of occupational therapy by those interested in allied activities should guide into this work young men whose qualifications indicate future success as occupational therapists.

# THE RÔLE OF CONFERENCES WITH RELATIVES IN THE EDUCATIONAL PROGRAM OF A STATE PSYCHOPATHIC HOSPITAL

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SOCIAL psychiatry is a study of integration. In social psychiatry the total activities of the patient are considered. A complete study of the patient's personality resources or equipment and of the situation he is called on to meet is, therefore, essential, as well as a study of the toxic or physical and organic factors. Likewise it seems to me to be essential that the activities of a state psychopathic hospital should be considered from every point of view in order that the hospital may become a part of the organized work of the various communities throughout the state and disseminate information as to the nature of mental disorders and the therapeutic and preventive measures now available. Work of an educational nature should be one of the most important parts of the program of a state psychopathic hospital, and the closest contact should be made with the communities as well as with the relatives who send patients to the hospital for treatment. With these ideas in mind, we decided, early in our organization, to conduct a series of conferences with relatives on visiting days, for the purpose of discussing not only matters of particular interest to them, but also the state psychopathic hospital and its functions as a center of treatment and prevention of mental disorders.

Naturally the group of individuals most interested in and concerned with the activities of the psychopathic hospital are relatives and friends of patients who are actually under treatment. The need for consideration of this group, we feel, has not been adequately met in the past, and thus an opportunity has been missed for group discussion with those most susceptible to information regarding mental disorders. These conferences involved no additional expense, personnel, or equipment and did not add to administrative work. Short

talks of fifteen and twenty minutes' duration were really a great help in the administrative difficulties usually encountered on visiting day. The fact that less time was finally consumed than in repeated conferences with individual relatives in the office is worthy of note. And another important consideration is the opportunity given to relatives to become acquainted with all the staff members and the work and aims of the hospital in general.

In establishing these conferences with relatives, certain visiting days were chosen, the first and third Wednesdays of each month. Visiting hours are over at three o'clock, and these conferences were arranged to take place shortly afterward. The talks have been given by all members of the staff and have been made as practical as possible and as a rule no more than fifteen minutes in length. Following the talk, relatives were given opportunity to ask questions regarding the subjects discussed. These talks were arranged as follows:

The first was given by the director of the hospital. The main facts concerning the etiology of mental disorders were reviewed, technical and medical terms being avoided as much as possible. Mental disorders were described (1) on the basis of definite organic tissue changes of the brain, and (2) on the basis of personality disorders, the constitutional make-up and endowment of the individual being considered in relation to his ability to adjust to situations. The two groups of psychoses—the organic and the functional—were then discussed, together with statistics reported by The National Committee for Mental Hygiene, and the following table was given as a summary:

| *Individual plus* | *Situation leads to* | *Reaction* | *Adjustment Maladjustment (Mental disease)* |
|---|---|---|---|
| What patient has to react with | What patient has to react to | | Seven main types of psychoses |
| Emotional make-up | *a* Toxic upsets<br>Physical disease | 1 | Organic-reaction type |
| Habit formation | Drugs | | |
| Instincts | Alcohol<br>Infections | 2 | Delirious and hallucinative (toxic psychosis) |
| Intellect | *b* Psychogenic upsets<br>Environmental disturbances. Home surroundings, financial loss, worry, economic stress and strain, etc. Disturbances of inner mental life-repressions, conflicts. Reaction to broken engagements, sex episodes, etc. | 3<br>4<br>5<br>6<br>7 | Paranoid reaction types<br>Affective reactions<br>Psychoneurotic reactions<br>Psychopathic defects<br>Dementia praecox or schizophrenia |
| | *c* Organic disturbances<br>Definite brain changes to explain mental disorders, syphilis, and various degenerative neurological conditions. Epilepsy, head injuries, etc. | | |

This talk was concluded with a brief statement regarding the development of the psychopathic-hospital movement and the improvements that have taken place during the past decade in the care and treatment of mental disorders. The hospital-treatment idea was particularly stressed, along with the possibilities of preventive work. The old fatalistic conception of mental disorder as something hereditary or mysterious was contrasted with the modern conception in which the patient is studied from all points of view, personality and environmental factors being always considered as well as organic and physical factors.

The second lecture was given by the hospital's superintendent of nurses. This talk was very practical. The relatives were told why patients are placed on certain wards on admission, and what types of patients can be placed on the

acute wards, the semi-convalescent, and the convalescent wards. The routine of the hospital was fully explained—such matters, for instance, as the reason for the close proximity of the disturbed ward to the continuous bath, and the possibility of allowing patients to adjust on the semi-convalescent ward preparatory to being transferred to the convalescent ward, since on the convalescent ward the patient begins to assume responsibility, the management of himself and of his belongings, preparatory to readjustment to his former place outside. The question of clothing was taken up—why the patient cannot have the care of his own clothing on the disturbed ward, why he cannot be allowed possession of his valuables or pocket knives, scissors, and the like. Routine treatment procedures—the use of continuous baths, packs, suicidal cautions, and so forth—the question of tube feeding and forced feeding, and the importance of occupational therapy, were also discussed. This talk was concluded by explaining the occasional unfriendly attitude that the patient takes toward the hospital and every one associated with it, particularly his delusions as to nurses and personnel, and his tendency to misinterpret friendly acts. Advice was given as to the attitude that relatives should take toward these delusions.

The assistant director gave the third talk. He reviewed briefly the anatomy of the nervous system, including the neurones and processes and supporting structures of the nervous system and the grouping of the neurones and processes into systems. He outlined the functions of the cerebrum and cerebellum and discussed new growths of the nervous system, as well as infections, vascular lesions, and degenerative lesions of this system. The effect of remote lesions was also discussed. This talk was very interesting and the audience enjoyed looking through the Euscope to see neurons and the various cells described.

The fourth lecture was given by the chief of the social-service department. In this discussion the functions of the social-service division were explained, especially the worker's task of interpreting the patient's home, work, school, and past life to the physicians. Stress was laid upon the need for coöperation between the social worker and the relatives in the

various adjustment procedures suggested from hospital treatment and in preparing the environment for the patient and finding appropriate vocation for him after his discharge from the hospital, and the importance of definite follow-up care in the out-patient department after discharge from the wards was emphasized.

The fifth conference was conducted by the occupational therapist of the hospital, who explained the aims of occupational therapy and by means of models demonstrated the work accomplished in the hospital during the past few months.

The director of the hospital conducted the last conference, giving a short synopsis of the other talks, reviewing methods of treating mental disorders, and stressing the imperative need for early examination during childhood. He discussed briefly the classification and causes of nervousness in children, illustrating with case histories; emphasized the program for prevention and the rôle the out-patient clinic should have in this program; and explained the clinic divisions for the examination of pre-school, school and adolescent, pre-psychotic, and follow-up cases discharged from the hospital.

It was surprising how well these talks were attended from the very beginning, although there had been no marked advertising of them. The following note was handed to each relative:

> "On the first and third Wednesdays of each month, at the Colorado Psychopathic Hospital in the Lecture Room (Room 152) following the visiting hours, 3:15 to 3:30 o'clock, there will be lectures given by the staff of this hospital to relatives of house patients, on the causes of mental disorders and the care, treatment, prevention, and follow-up work of nervous and mental patients. All relatives interested are invited to attend."

The first lecture was attended by approximately three-fourths of the visitors who came to the hospital that day. On many occasions the relatives took notes and several were seen taking notes on wrapping paper. Later, paper was supplied for this purpose. Many cases were referred by these relatives directly to our out-patient clinic. On numerous occasions the relatives talked to us regarding other problems in their immediate family or neighborhood. They became more sympathetic with and appreciative of the hospital personnel and realized the problems involved in caring for mental patients.

Previous to the institution of these conferences, there had been the usual complaints regarding treatment of our patients. Since the talks have begun, these complaints have practically ceased.

It may be in order to mention here one thing that occurred in the office on visiting day before the talks were instituted. Mr. R. burst into the director's office unceremoniously shortly after visiting his wife. In very direct terms he said that the director had misrepresented the facts as to there being no restraint apparatus in the entire hospital. He said that his wife had been mistreated and abused and demanded her immediate discharge. It was not possible to obtain from him the condition of the patient, although we surmised that his wife had been placed in a warm wet pack. In order to offset the feeling that his wife was abused, it was necessary to conduct him to the ward and to explain the importance of the warm wet pack in the treatment of the disturbed patient. We also explained to him the use of the continuous bath for the control of excited patients and many other treatment procedures which he had not understood previously. Naturally this relative left the hospital with an entirely different attitude toward the nurses and physicians. He also understood his wife's condition much better and realized that when she told him of "being wrapped up and dragged around the ward in wet sheets", it was well to reserve judgment as to the real facts of the case. One cannot but think how many relatives leave the hospital with a feeling that their mothers, fathers, or sisters are actually being abused, when as a matter of fact the hospital authorities are doing everything possible to give the most modern type of treatment suitable to the individual case.

Since most of our patients remain in the hospital only for a period of from two to three months and these talks are given on the first and third Wednesdays, making two each month, it is our plan to duplicate each series of six talks. After making sure of the interest the relatives have in them, we will make them a part of the standard routine of this hospital. At present the subject of the talk is noted on the bulletin board in the lobby of the hospital.

Unfortunately, during these conferences the relatives

showed marked reticence in the matter of asking questions. We are attempting to improve this detail by placing a question box in the lobby of the hospital. After each talk the relatives are urged to make notes as to any question that may arise or any detail regarding mental disorder that may be causing them concern. The questions are to be answered by the various department heads in each conference.

In the future we shall plan for additional conferences upon subjects suggested by relatives. For instance, at the present time several are very much interested in the question of habit training and juvenile delinquency.

## Summary and Conclusion

Conferences with relatives on visiting days represent a very important part of the educational program of a state psychopathic hospital. These conferences involve no expense, no additional personnel or equipment, and have proven to be of definite aid in administration. Relatives are enabled to come in contact with the entire staff of the hospital and are helped to understand the aims and ideals of the departments in their care of individual patients. The attendance at these conferences, the coöperation shown by relatives, and the number of cases referred by them to the out-patient clinic have been very encouraging. These group conferences with relatives have been neglected in the past and should prove of great aid in any state-hospital program.

# SYPHILIS IN THE ETIOLOGY OF MENTAL DEFICIENCY*

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IN NOVEMBER 1919, the taking of specimens of blood for the Wassermann reaction was made a part of the admission routine of the Wrentham State School. This accounted for the new admissions only, and to complete the Wassermann census of the institution, in April 1922, I took specimens from 1,122 children. These reactions were done at the Harvard Wassermann Laboratory through the courtesy of the Massachusetts Department of Health. The results of the examinations were somewhat at variance with prevalent opinion as to the incidence of syphilis among mental defectives, and prompted a study of other data available in the literature on the subject.

This study was undertaken with the following purposes:

1. To present the results of other studies of congenital syphilis as a causative factor in feeblemindedness, together with our findings as to the status of this disease in the population of the Wrentham State School.

2. To compare the above findings with the data as to the incidence of congenital syphilis in non-defective children.

3. To determine whether the congenital syphilis present in mentally deficient children is to be accepted as the sole cause of the defect.

Before the advent of the Wassermann reaction, the diagnosis of syphilis in the mentally deficient was a rare occurrence, observations based on clinical evidence alone being, for the most part, under 1 per cent. With the diagnostic aid of the Wassermann test, however, it was discovered that many of the feebleminded who presented no outward manifestations of syphilis had a positive blood serum. The addition of these cases brought about such a marked increase in the

* Read before the New England Society of Psychiatry at Hospital No. 95 of the United States Veterans' Bureau, Northampton, Massachusetts, September 24, 1924.

number of feebleminded persons affected with syphilis that many writers turned to the disease as a major causative factor in mental deficiency.

The early writings from widely separated localities apparently supported this assumption. In Germany Gordon [1] reported 16 per cent of positive reactions among the feebleminded; in the United States Atwood [2] wrote of 14 per cent; and in England Fraser [3] found 48 per cent of positive Wassermanns. The great number of premature deaths among the offspring of syphilitic parents and the high mortality rate in infancy gave investigators reason to believe that the large number of cases among defectives were simply the survivors of a still larger group—a group that never reached an age at which they could be considered defective. In view of the well-known predisposition of the treponema for nerve structure, it appeared logical that congenital syphilis should manifest itself in its points of predilection and produce a defective brain. These factors united gave powerful support to the theory of a syphilitic causation of feeblemindedness. To Armstrong,[4] in 1914, the inference seemed incontestable "that inherited syphilis plays a much larger part in the production of mental degeneracy than was supposed". According to Dean,[5] it brings about this result "by in some way injuring the vitality of parent or offspring". Gordon,[1] in predicting larger numbers of the feebleminded following syphilis, carries the thought a step further, stating that "individuals in whom syphilis is unrecognized and untreated must be regarded as potential parents of mentally deficient children".

This early general trend of thought has carried down to the present day. In 1921 Hunt [6] writes: "Mild and severe imbecility and even idiocy are the result of syphilis", and Thom [7] makes the statement that "syphilis is largely responsible for idiocy and imbecility". Raeder [8] describes a family in which the parents were not feebleminded, but did have syphilis; all of the children were defective, but the younger children presented a negative Wassermann, the mental defect

[1] This and the following references will be found at the end of the article (pp. 769–71).

persisting even when there was no evidence of syphilis in the blood.

The theory that the graver forms of defect follow syphilis was not, however, entertained by Southard,[9] who wrote that "syphilis as a direct cause of the simple form must be entertained for a few cases". And Higgins[10] points out: "With everything in favor, if indeed syphilis is of any importance, why not many more defectives?" Key,[11] who reports 55 per cent of positive cases among a total of 217, stresses the point that "the syphilitic virus cannot alone be responsible for the amentia in all of these cases—some other predisposing cause is also present". This thought is also expressed by Solomon[12] who directs attention to the fact that "a congenital syphilitic may have a coexistent feeblemindedness which is hereditary—that is, due to the presence of feeblemindedness in the family or caused by other conditions than syphilis". Wallace[13] also considers other associated causes as worthy of note. "I fail to see", he writes, "that syphilis, taken alone and separated from the many factors with which it is usually found, is of serious importance in the production of mental deficiency."

But few authorities, however, have considered the presence of hereditary mental defect as deserving of consideration in syphilitic cases. Usually the diagnosis of congenital syphilis has made it a foregone conclusion that the defect was caused by the syphilis.

### Congenital Syphilis in Defectives

In the following table I have assembled the data of a number of studies of the incidence of congenital syphilis in mental defectives, including my own findings as to the group at the Wrentham State School.

The majority of previous reports have assumed that the syphilis observed was congenital. I will not at this point bring up the question of the possible error in this assumption, but will accept it for my findings also. In our group of cases at the Wrentham State School, 1,631 specimens of blood were taken for the Wassermann reaction, 57 proving to be positive and 7 doubtful. Thus, if we accept the current reasoning, the mental defect of between 3 and 4 per cent of our population is directly traceable to syphilis. Referring to Table I,

TABLE I. INCIDENCE OF CONGENITAL SYPHILIS IN DEFECTIVES

| *Author* | *Location* | *Year* | *Number examined* | *Positive Wassermann reactions* | | *Average per cent positive in each country* |
|---|---|---|---|---|---|---|
| | | | | Number | Per cent | |
| Key[11] | Australia | 1922 | 217 | 120 | 55.2 | 55.2 |
| Boas[14] | Denmark | 1911 | 2,061 | 31 | 1.5 | 1.5 |
| Chislett[15] | England | 1911 | 14 | 8 | 57.1 | |
| Fraser[3] | England | 1913 | 105 | 51 | 48.5 | |
| Johnson[16] | England | 1912 | 25 | 9 | 36.0 | |
| Total | England | | 144 | 68 | | 47.2 |
| Raviart[17] | France | 1909 | 246 | 76 | 30.0 | 30.0 |
| Binswanger[18] | Germany | 1910 | 74 | 16 | 21.6 | |
| Bruckner[19] | Germany | 1912 | 138 | 6 | 4.2 | |
| Dean[5] | Germany | 1910 | 330 | 51 | 15.4 | |
| Gordon[1] | Germany | 1913 | 400 | 66 | 16.5 | |
| Kellner[20] | Germany | 1909 | 216 | 16 | 7.4 | |
| Krober[21] | Germany | 1911 | 262 | 56 | 21.4 | |
| Lippmann[22] | Germany | 1909 | 78 | 7 | 9.0 | |
| Lippmann[23] | Germany | 1910 | 121 | 16 | 13.2 | |
| Piper[18] | Germany | 1910 | 316 | 16 | 5.0 | |
| Plant[18] | Germany | 1910 | 100 | 30 | 30.0 | |
| Total | Germany | | 2,035 | 280 | | 13.7 |
| | United States | | | | | |
| Haines and Partlow[24] | Alabama | 1920 | 59 | 13 | 22.0 | |
| Dawson[25] | California | 1914 | 1,113 | 53 | 4.7 | |
| Haines[26] | Massachusetts | 1914 | 68 | 20 | 29.4 | |
| Lucas[27] | Massachusetts | 1913 | 74 | 27 | 36.4 | |
| Solomon[12] | Massachusetts | 1922 | 1,565 | 70 | 4.5 | |
| Dayton[28] | Massachusetts | 1924 | 1,631 | 57 | 3.4 | |
| Moulton[29] | Minnesota | 1914 | 600 | 16 | 2.6 | |
| Walker[30] | Maryland | 1916 | 480 | 14 | 2.9 | |
| Atwood[2] | New York | 1910 | 204 | 30 | 14.7 | |
| Barenberg[31] | New York | 1922 | 31 | 0 | 0.0 | |
| Weiss[32] | New York | 1924 | 1,633 | 41 | 2.5 | |
| McKay[33] | Ohio | 1915 | 1,550 | 132 | 8.5 | |
| Higgins[10] | West Virginia | 1918 | 50 | 21 | 42.0 | |
| Total in United States | | | 9,058 | 494 | | 5.4 |
| Total | | | 13,761 | 1,069 | | 7.8 |

we find that this is considerably under the average, the total of 13,761 cases reported upon by twenty-eight authorities in six countries giving an average of 7.8 per cent positive. In interpreting results, it should be remembered that the larger groups examined, as those in the United States, represent entire institution populations, and that in these there is less selection of cases. As the great majority of the feebleminded who are removed from the community are cared for in public institutions, the smaller numbers in private schools would not materially affect these figures unless to lower them.

### Congenital Syphilis in Non-defectives

A comparison between syphilis in the feebleminded and syphilis in the adult population shows the figures among the former to be considerably under the accepted general average of from 10 to 20 per cent. As the figures for the adult population, however, include cases of acquired as well as of congenital syphilis, while we are assuming for the present that the cases among mental defectives are all congenital, a better idea of the relative incidence of the disease in this group will be gained from statistics on congenital cases among non-defectives. Table II presents the results of a number of studies in this field. In compiling this table, an attempt was made to preserve the comparison between age groups. Children adjudged feebleminded before the age of two years are decidedly in the minority, so that only two reports based exclusively on infant populations have been included.

We note from this table that of 25,576 children subjected to the Wassermann test in six countries, congenital syphilis was demonstrated in 5.3 per cent. It is true that the greater number of these children were in general hospitals or clinics and were admitted as sick children, but the feeling that the comparison is for this reason not a just one disappears if we take into consideration the fact that mental defect is also an impairment of function and that the schools for the feebleminded are only special hospitals for the care of this type of case.

TABLE II. INCIDENCE OF CONGENITAL SYPHILIS IN NON-DEFECTIVES.

| *Author* | *Location* | *Year* | *Number examined* | *Positive Wassermann reactions* | | *Average per cent positive in each country* |
|---|---|---|---|---|---|---|
| | | | | Number | Per cent | |
| Casaubon[34] | Argentina | 1922 | 6,678 | 400 | 6.0 | 6.0 |
| Davidson[35] | Australia | 1909 | 448 | 48 | 10.8 | 10.8 |
| Morgan[36] | Canada | 1920 | 725 | 29 | 4.0 | 4.0 |
| Browning[37] | England | 1914 | 331 | 33 | 10.0 | |
| Elliot[38] | England | 1914 | 130 | 14 | 10.8 | |
| Total | England | | 461 | 47 | | 10.3 |
| Rabinowitsch[39] | Germany | 1913 | 1,108 | 153 | 13.8 | 13.8 |
| | United States | | | | | |
| Whitney[40] | California | 1915 | 890 | 26 | 2.9 | |
| Churchill[41] | Illinois | 1912 | 101 | 29 | 28.0 | |
| Churchill and Austin[42] | Illinois | 1916 | 695 | 23 | 3.3 | |
| Jeans[43] | Missouri | 1921 | 389 | 22 | 5.6 | |
| | | | 449 | 5 | 1.1 | |
| Johnson[44] | Missouri | 1917 | 224 | 76 | 33.9 | |
| Holt[45] | New York | 1913 | 178 | 11 | 6.1 | |
| Lawrence[46] | New York | 1922 | 11,205 | 257 | 2.3 | |
| Burhans[47] | Ohio | 1921 | 450 | 28 | 6.2 | |
| | | | 88 | 5 | 5.7 | |
| Haines[48] | Ohio | 1916 | 365 | 76 | 20.8 | |
| Roddy[49] | Pennsylvania | 1915 | 66 | 8 | 12.1 | |
| Rosenberger[50] | Pennsylvania | 1917 | 56 | 8 | 14.0 | |
| Royster[51] | Virginia | 1921 | 1,000 | 125 | 12.5 | |
| Total in United States | | | 16,156 | 699 | | 4.3 |
| Total | | | 25,576 | 1,376 | | 5.3 |

## Analysis of the Wrentham Positive Cases

It would seem possible, by the simple expedient of subtracting the result of Table II from the final percentage of Table I, to obtain a figure indicative of the exact proportion of mental defect caused by syphilis. This would be the case if we accepted the reasoning that all of the positive group are due to syphilis alone. An examination of the Wrentham positive

cases, however, brings to light several factors that indicate possible sources of error and suggest the presence of other causes besides syphilis. From the etiologic viewpoint, the 57 children in our study who presented a positive reaction fell quite naturally into four groups:

I. Cases of acquired syphilis.
II. Cases of syphilis with familial mental defect.
III. Cases of syphilis with familial mental disease.
IV. Cases of syphilis that could not be included in any of the three preceding groups.

*Group I.* Increased interest in mental deficiency as a cause of delinquency has resulted in the admission to institutions of larger numbers of the higher grade cases. Among the moron girls of this group, immorality, if not prostitution, is common. To consider the syphilis in these girls as congenital or as a cause of their defect is to court error. As mental deficiency predisposes to conduct that, in time, will lead to the acquisition of syphilis, we should scrutinize our results carefully for cases that present the acquired form of the disease. Seven cases, or 12 per cent of our positives, fell into this group. The following case can be considered as typical:

> *Case 1.* As a child, this patient was considered average until the age of ten, when she lost interest in her studies and developed wayward tendencies. Immorality began at nine years, with a miscarriage at the age of thirteen. The girl admitted overwhelming impulses at times to seek the company of men. On these occasions she would leave her home for several days, picking up any man who came along, often several in one day.
>
> At the age of nineteen her uncontrolled eroticism resulted in her commitment to the Taunton State Hospital. While there, she exhibited no symptoms suggestive of a psychosis and in six months was released, to return a few weeks later with a gonorrheal infection. Following her second release a few months afterward, she promptly resumed her promiscuous relations. This caused her mother to enter a complaint against her, and at the age of twenty-one she was sent to the reformatory for women. While she was there, characteristic lesions made their appearance and the Wassermann was positive. Immediately upon her release, two years later, she ran away from home and lived with various men. Her mental age was 9 years.

By no stretch of the imagination can cases of this type be considered as caused by syphilis. They demonstrate well the

difficulty of extra-institutional control of the feebleminded girl and also suggest the hypothesis of mental deficiency as a cause of syphilis rather than of syphilis as the cause of the deficiency.

*Group II.* In considering the causative factors in mental deficiency, we usually regard familial mental disturbance and defective heredity as most important. If these mental factors are associated with alcoholism, tuberculosis, or other severe somatic disorder, we still consider them of paramount importance and the latter as simply contributing causes. In dealing with a case that presents the same hereditary factors in combination with syphilis, however, we disregard these other definite causes and place the sole responsibility on syphilis. This reasoning is difficult to understand, as a satisfactory explanation of the rôle of syphilis in the production of a defective child has never been forthcoming. The family histories in Cases 2 and 3, which follow, show the presence of other factors that are commonly considered causative of mental defect. Fifteen cases, or 20 per cent of our positives, fell into this group.

> *Case 2.* The father of this patient was alcoholic, immoral, and cruel to his family, and finally deserted them. The mother was also an alcoholic, took drugs whenever she could get them, was grossly immoral, had a court record, and was feebleminded.

> *Case 3.* A maternal uncle of the patient was feebleminded. The mother of the patient was committed to an institution as mentally deficient at the age of twelve, but later released. After a varied career, she married and shortly afterward left her husband to live with a Negro. During this period she contracted syphilis and gonorrhea, and a few months later gave birth to the patient.

With such individuals as parents of these children, it is a little difficult to feel that the resulting defect was due to syphilis alone.

*Group III.* In cases that show a positive Wassermann, it is common to disregard also the possible rôle of familial mental disease. Yet here we have at least a functional disorder of the mind and possibly mental and physical degenerative processes in the antecedents of the defective child—admittedly not an identical process, but certainly one that predisposes to similar or more advanced mental imbalance.

The following family history would suggest that we are overlooking a more natural and logical cause of the defect when we indict syphilis. Seven cases, or 12 per cent of the positives, fell into this group.

> *Case 4.* The maternal grandparents of this child were alcoholic and considered peculiar individuals, with very low standards of living. A maternal aunt was a prostitute. The mother was very intemperate, had a vicious temper, and was reported as beating her children unmercifully on slight provocation. She went through a mental disturbance following the birth of one of her children and her conduct has been very erratic since. A sister and a half-brother of the patient developed psychoses and were committed. Another sister was feebleminded and had defective children.

*Group IV.* This group consists of cases whose histories included no factors that would place them in any of the three preceding groups and cases whose histories were incomplete. These cases can be considered as due to syphilis without other known contributing causes. Twenty-eight cases, or 49 per cent of the positives, were in this classification.

Table III is a summary of the four groups we have been discussing. It will be noted that in over half of these positive cases, other powerful contributing factors in addition to syphilis were present—that in only 28 of the 57 could the mental defect be considered as due solely to congenital syphilis. This is only 1.7 per cent of the 1,631 examined by the Wassermann—a figure much below the average of 5.3 per cent for non-defectives with congenital syphilis in the general child population.

TABLE III. ANALYSIS OF THE WRENTHAM POSITIVE GROUP

| *Group* | *Number of cases* | *Per cent of the 1,631 cases examined by Wassermann* | *Male* | *Female* | *Moron* | *Imbecile* | *Idiot* |
|---|---|---|---|---|---|---|---|
| 1. Acquired syphilis ..... | 7 | 0.4 | 0 | 7 | 7 | 0 | 0 |
| 2. Mental deficiency in heredity.. | 15 | 0.9 | 3 | 12 | 10 | 5 | 0 |
| 3. Mental disease in heredity.. | 7 | 0.4 | 2 | 5 | 2 | 4 | 1 |
| 4. Congenital syphilis only. | 28 | 1.7 | 10 | 18 | 15 | 10 | 3 |
| Entire positive group ..... | 57 | 3.4 | 15 | 42 | 34 | 19 | 4 |

## Summary

1. A review of 13,761 cases of mental defect which were given the Wassermann test showed positive reactions in 1,069, or 7.8 per cent.

2. A review of 25,576 non-defective children given the Wassermann test showed positive reactions in 1,376 or 5.3 per cent.

3. In the 1,631 cases at the Wrentham State School tested by the same means, 57, or 3.4 per cent, reacted positively.

4. An analysis of the Wrentham positive cases showed that only 1.7 per cent of the total number tested could be considered as due to congenital syphilis uncomplicated by other major etiologic factors.

5. This analysis and its resulting figures tend to revise our estimate of syphilis as a cause of mental deficiency and to place this disease among the negligible factors.


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# A RÉSUMÉ OF RESEARCH WORK AT LETCHWORTH VILLAGE

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LETCHWORTH VILLAGE is located on a plateau among the foothills of the Ramapo Mountains, three miles west of the Hudson River and thirty-five miles from New York City, at Thiells, Rockland County, New York. It was established by the laws of 1909 as the Eastern State Custodial Asylum, the name later being changed to Letchworth Village in honor of William Pryor Letchworth, a great philanthropist and the first president of the New York State Board of Charities.

The first patients, a group of one hundred able-bodied male high-grade imbeciles and low-grade morons, were admitted in July 1911, being housed in a frame structure erected for that purpose. In 1915 four of the permanent Letchworth dormitories were opened to receive patients. Since that time the institution has grown slowly to its present population of 1,900 and will be added to as rapidly as possible to care eventually for from 3,000 to 3,500 patients. "It is now about three-fourths finished. Both the boys' and the girls' groups, each consisting of eight dormitories, a kitchen and dining-room building, a school and industrial building, and an attendants' home, are practically completed and occupied. The women's group, with the same number of buildings except that it is without a school and industrial building, is completed and occupied. Portions of the store, power house, and laundry are finished and in use. . . .

"Contracts have been let for several buildings in the girls' infirm group, together with one for a new hospital and an employees' home. There now remains to be placed under contract the adult and infirm groups for males and the administration group. . . .

"The classification into different groups of five hundred or six hundred each, according to sex, mental and chronological age, has done much to preserve the spirit of the small institu-

tion and has allowed us to place in our buildings to better advantage our children for training and occupational work. The wide separation of the dormitories allows ample playgrounds for each building and helps materially to solve the question of discipline."[1]

With the inception of Letchworth Village, it was planned that the organization should eventually make some contribution to the scientific aspect of mental deficiency. That this plan has been carried through is due to the determination of Dr. Charles S. Little, the superintendent, together with the untiring support of the board of managers. As the state failed to lend financial support to a research project, one of the members of the board, Mrs. E. H. Harriman, assumed the financial responsibility, and during the past year another member of the board, Miss Mary E. Davidson, collected from the citizens of Rockland County over $10,000 for purchasing laboratory and X-ray equipment, to which fund Mrs. Harriman also made a substantial contribution.

With the writing of this paper, the first chapter of the research work has been concluded. This chapter is of sufficient interest to be recounted briefly, but owing to limited space, it is impossible to give here anything other than more or less detached facts—to point out the milestones along the way, as it were. In 1913 the first piece of research was undertaken when the services of a field agent were obtained. The studies made at this time on the heredity of mental deficiency were of immeasurable import. Had they been published, they would have proved a close rival to the famous Kallikak and Jukes family studies. In 1921 a psychiatrist was employed to direct and organize the research work on a larger scale.

From its modest beginning in 1913 the research department has been passing through a long period of development. At the start there was no center for the activities of this department except desk space in one of the offices. Then quarters were established by erecting a temporary structure at the rear of the administration office, and finally, during the past few months, more elaborate accommodations have been provided. The research department is now housed in the basement and rear of one of the dormitories. Ample space for

[1] Dr. Charles S. Little, in the *Annual Report of Letchworth Village*, 1925.

offices and laboratory has been provided by the erection of temporary partitions. The office space affords an office for the director, an office for assistants, a central record room—where clinical records of all patients are filed—and a medical library. The library is being built up and at present contains about seventy-five volumes dealing with mental deficiency and allied topics, and a collection of reprints on mental deficiency and allied subjects, numbering over 1,500 and being added to at the rate of from twenty to thirty per month.

The "workshops" of the research department consist of a waiting room, a fully equipped examining room with a dark room for eye, ear, nose, and throat examinations, a dental room, a room for psychiatric examinations, a psychological laboratory, equipped with material for a variety of intelligence tests, a Roentgenological department, equipped with a modern Snook model X-ray machine, a Bucky diaphragm table, a fluoroscopic table, a stereoscope, viewing boxes, a dark-room outfit, including tank and loading bench, a filing cabinet, and other minor accessories. There is a basal-metabolism room equipped with a Collins metabolimeter, and a general laboratory fully equipped for tissue pathology, bacteriology, serology, blood chemistry, and other routine and special technical examinations.

The very history of the development of the research department—slowly, step by step—gives assurance that it has been soundly conceived. The many makeshift and temporary arrangements resorted to of necessity have been of great service in spite of their retarding effect, as we have had to proceed so slowly that we could afford to make mistakes and could give ample time and thought to their correction. In fact, if we had it to do over again, we would choose the same trial-and-error method.

Upon the advent of the clinical director as a member of the medical staff, it became incumbent to organize and coördinate the clinical activities of the institution so that material for later study could be accumulated. The whole-hearted coöperation of the superintendent and medical staff, the teaching organization, and the ward service lent to this task a support and morale that can be appreciated only by experience. To-day we feel that we have a clinical organization that is

efficient and practical and that leaves but little to be desired to make it perfect.

We may now review in summary fashion the research work that has been undertaken. After assuring ourselves that our clinical work was well organized and would operate with a reasonable degree of efficiency, we felt it necessary to adopt at least a tentative classification of mental defectives. We all know that individuals of the moron type differ greatly one from another, that all those who are diagnosed as imbeciles are not alike, and that even idiots have a certain amount of individuality. Consequently, when we discuss any one of these, none of us knows what the others are talking about, except that the case belongs in one of certain arbitrary groups determined solely by mental age.

Our classification is intended to provide a common language that may be used to convey a picture of the mentally defective person whom we may happen to be discussing, in the hope that by dividing idiots, imbeciles, and morons into smaller, well-circumscribed groups, we can begin to speak intelligently of etiology and prognosis. Our classification has for its basis a pathology of three sorts—of the intellect, of the physical organism, and of the personality. In other words, it is purely a medico-psychological classification. Cases are grouped as idiots, imbeciles, and morons. Each of these groups is subdivided into neurologic, endocrinopathic, and idiopathic types. These types are further qualified by personality characteristics, which are especially primitive in the idiot group, fairly simple in the imbecile group, and more complex in the moron group.

It must be unequivocally recognized that this classification is not in any way intended to concern itself with etiologic forces; the ill-defined state of our present knowledge of this subject would hardly warrant such a perilous venture. To reiterate, this classification is based entirely on the medical and psychological aspects of the clinical picture.[1]

We next reviewed a series of 980 unselected cases with the idea of determining what etiological factors operated in our cases. In 49 per cent there was a definite history of mental

[1] *The Classification of Mental Defectives*, by Howard W. Potter, M.D. MENTAL HYGIENE, Vol. 7, pp. 509–520, July, 1923.

defect in one or more members of the direct inheritance. Fifteen per cent had a history of insanity, epilepsy, or severe neuroses in the family. Nine per cent had members in their families who were alcoholic, antisocial, or dependent; the presence of a true mental defectiveness was problematical. One per cent had apparently been caused by a toxemia or severe acute infection occurring in the mother during the period of gestation. One and a half per cent had a history of severe convulsions in early infancy, at which time it seemed probable that a brain lesion occurred. Nearly 5 per cent were undoubtedly due to head injuries received during birth or in early childhood; there was no disputing the fact that these were injuries of real significance. Five per cent had been caused by meningitis, acute hemorrhagic polio-encephalitis, or encephalitis lethargica. One and a half per cent had become defective following one or another severe infectious illness of childhood. Eight per cent seemed to have nothing of causal significance in their cases except a well-defined endocrine dysfunction.

It may be well at this point to state our opinion as to the various etiologies of mental deficiency. These opinions are merely impressions gained from observation and experience and may rightfully be subject to considerable adverse discussion.

We believe that familial mental deficiency is responsible for the enfeebled intelligence of from 50 to 65 per cent of the patients in institutions for mental defectives. It must be remembered, however, that these figures are based on a study of institutional cases.

The percentage of children with feebleminded parents possibly runs much higher in institutional cases than in cases kept at home, for the reason that feebleminded parents are unable to provide adequate financial support and suitable social care and training for their feebleminded offspring. Therefore, most such feebleminded children of defective parents come sooner or later to the state institution, whereas probably large numbers of feebleminded children with normal parents remain in their own homes or are sent to small private sanitariums. Doctor Fernald, in discussing the patients seen in the public-school clinics established by legislation in

Massachusetts, writes as follows: "The heredity of the defective seen in special classes, school, and out-patient clinics and in private practice is not as bad as that of the average institutional case. Many come from good families with no previous defect in the family. In others the hereditary taint expresses itself perhaps once or more in a generation, with the majority of the relatives quite normal. The 'hovel' or Kallikak type of highly potential defective germ plasm is not often seen in these groups."

We are quite positive in our opinion that brain injuries, whether due to mechanical, bacterial, or toxic traumata, account for a certain percentage of our mental defectives.

An endocrine imbalance has a very definite causal relation to the mental defect of certain cases. It is possible that eventually our knowledge of endocrinology will not only contribute a great deal to our concept of the fundamental origin of many cases of mental deficiency, but may also provide a specific therapeutic method of attack with results not dissimilar to the almost magical effects insulin has had in many cases of diabetes.

Harvey Cushing warns us as to the perils of sailing the "vast, uncharted sea of endocrinology". It is well to bear in mind, however, that channels, reefs, and shoals cannot be explored by ultra-conservatists whose nautical ventures are confined to the limits of the duck pond back of the barn. Nevertheless, in order not to invite disaster, our expeditions over this unknown sea must be safeguarded so far as possible by the chart of clinical experience, imperfect as it is, by the chronometer of laboratory findings, uncertain as it may be, and by the compass of common sense and judgment, fallible as such often is.

In some cases glandular imbalance may be only a part of a general inherent tissue inferiority; in others it may have a direct causative relation to the mental inferiority. The problem must be worked out with the conjoined aid of metabolic, psychological, clinical, therapeutic, and histological studies.

The field of psychiatry and psychology, particularly that part of it which has to do with the study of personality, has been invaded for our research studies. When we come to

consider the question of adaptation relative to the mental defective, we are at once impressed with the fact that those cases that are not committed to an institution until they approach maturity almost invariably are discovered to be feebleminded as the result of an investigation into some behavior disorder. We know further that there are other defectives, of the same intellectual level, who are at large in the community and able to fill a useful niche in the social and economic organization. Why is one group in need of institutional care, while the other is able to live satisfactorily in the community? Plainly it is not a matter of intellectual endowment. It is, however, a matter of behavior. To understand behavior, we have to consider, among other things, the personality.

A study of the personality of a mental defective places the intellectual level and the physical age and condition in their proper setting; it enables the examiner to secure an insight into behavior disorders or social maladjustments; it places prognosis as to future social adaptation and economic efficiency on a more rational basis; it indicates the weak spots in character which may be strengthened or reconstructed by selected methods of training; and it suggests the amount and type of supervision required for successful social and economic adaptation.

It is clear that merely knowing the mental age of a defective gives us very little clue as to the possibilities of that individual. It should be emphasized that a personality study of a defective is designed not alone to classify or "label" the individual, but to supply information that may serve as a starting point or a working basis for constructive effort. Just what plan one may profitably pursue in any one case depends entirely in what sphere of the personality the defect lies. A sluggish, dull, uninterested attitude in a high-grade defective may indicate an underlying physical defect. A defensive type of reaction to an inferiority complex might suggest a management of the case planned to develop a certain amount of self-assurance and self-confidence.[1]

The association of endocrinopathies and mental defect is

[1] *Personality in the Mental Defective with a Method for Its Evaluation*, by Howard W. Potter, M.D. MENTAL HYGIENE, Vol. 6, pp. 487–97, July, 1922.

not new. Séguin referred to the pineal and pituitary in his original treatise on idiocy. Mental defect as a part of athyrosis has long been recognized. It has been established that bony growth, hair distribution, deposition of subcutaneous fat, sexual development, psychological attributes, and metamorphosis may be influenced by one or more of the glands of internal secretion. If all this be true, the bearing that the ductless glands have on the growth of intelligence deserves careful consideration. A survey of 849 unselected cases at Letchworth Village was made and 314, or 37 per cent, showed evidence of some type of endocrinopathy. The types most frequently seen were mongolism, cretinism, hypothyroidism, hypopituitarism, hypogenitalism, status-thymico-lymphaticus, and acromegaly.[1]

Glandular feeding has been tried, but without any very striking results. As soon as we begin to experiment with glandular therapy in mental deficiency, many uncontrollable difficulties arise. In the first place, we are using products of an unknown, non-standardized, and non-uniform nature. In the second, we have no means of accurately gauging the effects the treatment may have on intelligence; intelligence tests, at their best, are exceedingly gross in their evaluation and no case gives the same responses on two or more successive tests even when the examination is made by the same examiner on successive days. Thirdly, our indications for treatment are quite empirical. Perhaps we may often be treating symptoms rather than the underlying condition. We have found, however, that endocrine treatment does produce certain changes for the better in deranged physical conditions in that it tends to raise abnormally low blood pressures, exerts an influence on sugar metabolism, reduces certain types of obesity, stimulates physical growth and accretion in cases still in the developmental period of life, and in a certain few cases seems to be a factor in speeding up or stimulating a sluggish intelligence. We are of the opinion that only such cases of mental deficiency with an endocrine dysfunction as have a good heredity, are of a moderately high-grade-moron

[1] "Endocrine Imbalance and Mental Deficiency," by Howard W. Potter, M.D. *The Journal of Nervous and Mental Disease*, Vol. 56, pp. 334–45, October, 1922.

type, and are still in the developmental period of life, give any promise of favorable results with glandular feeding.

To be able to predetermine what cases will respond favorably to endocrine therapy is the important issue. This end can be accomplished only by a tedious and painstaking gathering of data on such of the feebleminded as do show some indication of responding favorably to glandular treatment. It is essential that cause and effect be not confused.

Let it suffice to say that endocrinology may at some time in the near future explain the origin and offer a promise of a certain amount of improvement in only a selected small percentage of our mental defectives. To regard endocrine therapy as a panacea for mental deficiency would curtail what legitimate use it may subserve.[1]

It appeared to us that possibly a fruitful field would be opened if an effort were made to ascertain what differences, if any, could be found in a comparative study of patients with a hereditary defect and those with a non-hereditary defect.

In selecting material for this study, cases were chosen in the order of their admission to the institution. Those cases whose histories were lacking, incomplete, or of questionable validity were immediately discarded. The cases selected were reviewed by three persons, all of whom were familiar with the histories.

In this manner 100 cases were selected, half of which belonged to the group with hereditary mental defect and the other half to the group with non-hereditary mental defect. The hereditary group comprised patients one or more of whose ancestors had a definite history of mental defect. In order to qualify for the non-hereditary group, the family history of the patient had to be complete for three generations and free from all indications of defective, psychotic, or other grossly maladaptive traits.

In the hereditary group there were no idiots, 5 were imbeciles, 35 were morons, and 10 were border-line types. In the non-hereditary group there were 12 idiots, 12 imbeciles, 24 morons, and only 2 of the border-line type.

The physical development of the cases in the hereditary

[1] "Endocrine Therapy in Mental Deficiency," by Howard W. Potter, M.D. *Endocrinology*, Vol. 7, pp. 25–40, January, 1923.

group was very definitely retarded in each instance, while the physical development of the cases in the non-hereditary group was not appreciably below normal in any instance and in many even exceeded the normal. It would seem that whatever factor is responsible for the subnormal development of intelligence of the hereditary case also operates in the retardation of the physical development.[1]

It may be asserted that already the research work of Letchworth Village has colored current views concerning mental deficiency. The work done on the personality of the defective is in part responsible for the interest shown to-day throughout this country in the personality of the defective as an important factor in his adaptation, an interest that is making for a more intelligent understanding and a more successful handling of the problems of the social and economic adaptation of the mental defective. The Letchworth Classification of Mental Defectives is being used in Massachusetts and some of the Western states, and a modification of it is in use in Pennsylvania. Other studies made during the period of development are now pointing out the direction for more thorough research at Letchworth Village into the nature and cause of mental deficiency.

Our idea that research work is a definite function of a state institution for mental defectives has received signal and material approval from two independent sources during the past year. The National Research Council appropriated $3,200 for the prosecution of a study of the sex behavior of mental defectives. This money is used for securing additional personnel to carry on the study. The citizens of Rockland County subscribed over $10,000 for much needed scientific equipment. Confronted by such tangible testimonials to the value of clinical and research work in mental deficiency, the state, we hope, will come to the fore and support the work by making provision for a more adequate personnel. The work of this department in the future depends on the quality and quantity of the personnel furnished by the state. It is worth while because it is the only method by which we can attain a

[1] "Hereditary and Non-hereditary Mental Defect; a Comparative Study," by Howard W. Potter, M.D. and R. S. Viers, M.D. *Archives of Neurology and Psychiatry*, Vol. 9, pp. 339–46, March, 1923.

more complete knowledge of mental deficiency. The science of medicine is founded on prevention, amelioration, and cure; the prerequisite for each of these, however, is a knowledge and understanding of causes. It is only through persistent research that we can eventually secure the knowledge required as the basis for measures destined to bring mental deficiency into the ever-widening circle of preventable diseases.

# OUTCOME OF MENTAL DISEASES IN THE UNITED STATES

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THE SPECIAL census of hospitals for mental disease taken by the Federal Census Bureau as of January 1, 1923, gives more comprehensive data concerning the outcome of the various forms of mental disease in the country as a whole than have hitherto been available. The census covered the patients resident in institutions for mental disease on the date of the enumeration and the first admissions, readmissions, discharges, and deaths of the calendar year 1922.

In taking the census, individual schedules were filled out by persons officially connected with the institutions who were engaged for this purpose by the Census Bureau. Returns were thus secured from 526 institutions for mental disease, of which 163 were state hospitals, 2 government hospitals, 148 other public hospitals, and 213 private institutions. Montana was the only state that failed to submit data concerning individual patients in time for tabulation; the general movement of patients, however, was reported by all states.

## Movement of Patient Population

The great significance of these institutions is indicated by the magnitude of their yearly operations. The patients on books January 1, 1922, embraced 258,421 resident patients and 21,137 paroles. The incoming patients during the year comprised 73,063 first admissions and 16,392 readmissions; the departures included 52,777 discharges and 25,656 deaths. On January 1, 1923, the resident patients numbered 267,617 and the paroles, 22,839. The net increase in resident patients during the year was 9,196 [1] and in paroles 1,702.

From the above data we find that for each 1,000 patients resident in hospitals at the beginning of the year, there were

[1] In the returns, the outgoing transfers exceeded the incoming transfers by 124. These were probably sent to other types of institutions.

during the year 283 first admissions, 63 readmissions, 204 discharges, and 99 deaths. The increase in resident patients per 1,000 was 36 and in paroles 7.

Individual schedules were received by the Census Bureau for 265,829 resident patients, 71,676 first admissions, 16,133 readmissions, 51,304 discharges, and 25,436 deaths.

The movement of patients by psychoses tabulated from these schedules is shown in Table 1 (page 785). It will be seen that in the several psychotic groups the relation of resident patients to admissions, discharges, and deaths varies greatly. Groups of psychoses having a relatively high ratio of first admissions to resident patients are cerebral arteriosclerosis, general paralysis, brain tumor, with other brain or nervous diseases, drug and other toxic psychoses, with pellagra, and psychoneuroses and neuroses.

Readmissions are most prominent in the alcoholic, manic-depressive, and dementia-praecox groups, although a considerable number is found in each of the other clinical groups.

More than half of the discharges are furnished by the manic-depressive, dementia-praecox, and psychoneurosis groups.

Deaths are relatively most numerous in the organic groups, although a considerable proportion are found in the so-called functional groups. Closer comparisons of deaths in the several psychoses are made in a later table which gives classified death rates in each group.

### Discharges

Of the 51,304 discharges for whom individual schedules were received, 11,935, or 23.3 per cent, were discharged as recovered; 23,683, or 46.2 per cent, as improved; 9,796, or 19.1 per cent, as unimproved; 4,943, or 9.6 per cent, as without psychosis; and 947, or 1.8 per cent, as unascertained.

In the instructions to enumerators the above terms denoting the condition of the patients on discharge were explained as follows:

"*Recovered* indicates the condition of a patient who has regained his normal health, so that he may be considered as having practically the same mental status as he had previous to the onset of his psychosis.

TABLE 1. MOVEMENT OF PATIENTS IN HOSPITALS FOR MENTAL DISEASE IN UNITED STATES, BY PSYCHOSIS AND SEX, 1922*

| Psychoses | First admissions | | | Readmissions | | | Discharges | | | Deaths | | | Resident patients, January 1, 1923 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| Traumatic | 197 | 32 | 229 | 27 | 4 | 31 | 137 | 28 | 165 | 33 | 9 | 42 | 469 | 52 | 521 |
| Senile | 3,563 | 3,282 | 6,845 | 210 | 265 | 475 | 828 | 911 | 1,739 | 2,643 | 2,431 | 5,074 | 5,946 | 7,639 | 13,585 |
| With cerebral arteriosclerosis | 2,233 | 1,205 | 3,438 | 170 | 108 | 278 | 559 | 354 | 913 | 1,530 | 820 | 2,350 | 2,706 | 1,713 | 4,419 |
| General paralysis | 5,076 | 1,218 | 6,294 | 505 | 138 | 643 | 1,421 | 380 | 1,801 | 3,816 | 869 | 4,685 | 7,318 | 2,076 | 9,394 |
| With cerebral syphilis | 637 | 256 | 893 | 87 | 35 | 122 | 297 | 121 | 418 | 278 | 101 | 379 | 1,190 | 620 | 1,810 |
| With Huntington's chorea | 45 | 52 | 97 | 12 | 4 | 16 | 16 | 18 | 34 | 35 | 35 | 70 | 146 | 171 | 317 |
| With brain tumor | 35 | 26 | 61 | 3 | 2 | 5 | 25 | 13 | 38 | 19 | 14 | 33 | 25 | 24 | 49 |
| With other brain or nervous diseases | 387 | 256 | 643 | 49 | 22 | 71 | 198 | 111 | 309 | 169 | 117 | 286 | 620 | 440 | 1,060 |
| Alcoholic | 2,427 | 266 | 2,693 | 536 | 62 | 598 | 2,314 | 236 | 2,550 | 331 | 82 | 413 | 6,252 | 1,144 | 7,396 |
| Due to drugs and other exogenous toxins | 372 | 243 | 615 | 98 | 60 | 158 | 436 | 255 | 691 | 34 | 33 | 67 | 313 | 241 | 554 |
| With pellagra | 125 | 295 | 420 | 16 | 26 | 42 | 83 | 146 | 229 | 76 | 158 | 234 | 141 | 366 | 507 |
| With other somatic diseases | 738 | 1,068 | 1,806 | 63 | 98 | 161 | 396 | 666 | 1,062 | 326 | 366 | 692 | 778 | 1,200 | 1,978 |
| Manic-depressive | 4,880 | 6,513 | 11,393 | 1,884 | 2,672 | 4,556 | 5,236 | 6,766 | 12,002 | 1,164 | 1,481 | 2,645 | 17,129 | 23,622 | 40,751 |
| Involution melancholia | 560 | 1,243 | 1,803 | 90 | 237 | 327 | 401 | 963 | 1,364 | 239 | 381 | 620 | 1,807 | 3,956 | 5,763 |
| Dementia praecox | 8,950 | 6,576 | 15,526 | 2,479 | 1,922 | 4,401 | 6,785 | 4,659 | 11,444 | 1,930 | 2,018 | 3,948 | 60,653 | 53,587 | 114,240 |
| Paranoia or paranoid conditions | 873 | 1,008 | 1,881 | 171 | 260 | 431 | 681 | 749 | 1,430 | 175 | 227 | 402 | 5,683 | 6,270 | 11,953 |
| Epileptic psychoses | 1,121 | 692 | 1,813 | 247 | 140 | 387 | 647 | 364 | 1,011 | 606 | 413 | 1,019 | 5,061 | 4,094 | 9,155 |
| Psychoneuroses and neuroses | 1,658 | 1,119 | 2,777 | 615 | 243 | 858 | 2,258 | 1,196 | 3,454 | 33 | 52 | 85 | 1,220 | 1,131 | 2,351 |
| With psychopathic personality | 585 | 329 | 914 | 184 | 127 | 311 | 602 | 288 | 890 | 49 | 29 | 78 | 1,675 | 1,208 | 2,883 |
| With mental deficiency | 1,076 | 823 | 1,899 | 238 | 166 | 404 | 731 | 437 | 1,168 | 213 | 201 | 414 | 6,378 | 5,564 | 11,942 |
| Undiagnosed psychoses | 2,363 | 1,831 | 4,194 | 291 | 260 | 551 | 1,577 | 1,232 | 2,809 | 668 | 561 | 1,229 | 7,738 | 6,497 | 14,235 |
| Without psychosis | 3,616 | 1,541 | 5,157 | 956 | 308 | 1,264 | 4,058 | 1,505 | 5,563 | 346 | 223 | 569 | 5,700 | 3,799 | 9,499 |
| Unascertained | 197 | 88 | 285 | 18 | 25 | 43 | 113 | 107 | 220 | 56 | 46 | 102 | 826 | 641 | 1,467 |
| Total | 41,714 | 29,962 | 71,676 | 8,949 | 7,184 | 16,133 | 29,799 | 21,505 | 51,304 | 14,769 | 10,667 | 25,436 | 139,774 | 126,055 | 265,829 |

*Transfers omitted.

"*Improved* denotes any degree of mental gain less than recovered.

"*Unimproved,* as the term implies, denotes no mental gain.

"*Without psychosis* is a term applicable to persons discharged who had been admitted to a hospital without having had a psychosis."

The general recovery rate of patients per 100 admissions for the whole United States was 13.6; the rate for the males was 12.5, and for the females 15.1. The rate of discharges as improved for all patients was 27.0; for males, 26.2; and for females, 28.0. The higher recovery and improvement rates among females are due principally to the excess of males in the general-paralysis group, which yields practically no recoveries, and to the excess of females in the manic-depressive group, which yields a high percentage of recoveries.

Table 2 (page 787) sets forth the rates of discharges of the several classes as determined from the discharge schedules received from the several states. Judging from the wide variations shown in the table, it seems probable that the terms denoting condition on discharge were not uniformly applied. However, as the rates are affected both by the number of admissions and the number of discharges, considerable variation would be expected.

Some states, like Illinois, Massachusetts, and Wisconsin, seem to have adopted a conservative policy in regard to discharging patients as recovered; their recovery rates, therefore, are out of line as compared with those of most of the other states. As would be expected, many states that have low recovery rates have relatively high improvement rates.

The rates of patients discharged as unimproved are influenced by many factors. A considerable portion of the patients thus discharged are returned to their homes in foreign countries or in other states.

The group of discharges included under the heading "otherwise discharged" equals 6.7 per cent of the admissions. This group comprises the non-psychotic cases and some psychotic cases that should have been designated as recovered, improved, or unimproved.

The general average rate of discharges per 100 of all admissions, excluding transfers, is 58.4. As the deviations

TABLE 2. RATES PER 100 ADMISSIONS OF PATIENTS DISCHARGED FROM HOSPITALS FOR MENTAL DISEASE DURING 1922, CLASSIFIED BY CONDITION ON DISCHARGE AND BY STATES

| *States* | *Total* | *Recovered* | *Improved* | *Unimproved* | *Otherwise discharged** |
|---|---|---|---|---|---|
| Alabama | 64.8 | 6.5 | 37.0 | 19.8 | 1.5 |
| Arizona | 17.4 | 8.5 | 3.8 | 0.9 | 4.2 |
| Arkansas | 70.9 | 35.1 | 16.0 | 2.6 | 17.2 |
| California | 65.5 | 18.6 | 27.0 | 10.2 | 9.7 |
| Colorado | 53.2 | 13.8 | 28.0 | 9.7 | 1.8 |
| Connecticut | 66.2 | 13.2 | 25.4 | 12.7 | 14.9 |
| Delaware | 57.3 | 17.3 | 35.5 | 3.6 | 0.9 |
| District of Columbia | 53.7 | 15.0 | 10.6 | 19.4 | 8.7 |
| Florida | 32.1 | 10.5 | 13.5 | 2.0 | 6.2 |
| Georgia | 75.9 | 17.0 | 37.7 | 18.3 | 2.8 |
| Idaho | 50.6 | 7.3 | 36.5 | 5.1 | 1.7 |
| Illinois | 62.3 | 10.1 | 36.0 | 7.1 | 9.2 |
| Indiana | 48.8 | 15.1 | 29.2 | 4.1 | 0.5 |
| Iowa | 67.6 | 13.9 | 18.6 | 22.6 | 12.6 |
| Kansas | 55.9 | 7.8 | 36.1 | 8.1 | 3.9 |
| Kentucky | 55.1 | 7.2 | 36.0 | 4.9 | 7.0 |
| Louisiana | 57.1 | 15.7 | 20.7 | 12.8 | 8.0 |
| Maine | 55.7 | 16.8 | 17.4 | 11.6 | 9.9 |
| Maryland | 65.2 | 10.3 | 37.9 | 15.2 | 1.7 |
| Massachusetts | 65.3 | 5.8 | 23.3 | 26.3 | 9.9 |
| Michigan | 60.6 | 12.1 | 26.8 | 16.4 | 5.3 |
| Minnesota | 57.6 | 11.4 | 29.3 | 5.0 | 12.0 |
| Mississippi | 64.6 | 13.4 | 29.0 | 11.8 | 10.4 |
| Missouri | 54.0 | 11.0 | 26.4 | 7.7 | 8.8 |
| Nebraska | 52.1 | 3.7 | 25.4 | 8.7 | 14.4 |
| Nevada | 72.7 | 31.8 | 22.7 | 6.8 | 11.4 |
| New Hampshire | 57.4 | 10.7 | 26.4 | 9.8 | 10.4 |
| New Jersey | 51.3 | 15.1 | 23.9 | 7.1 | 5.2 |
| New Mexico | 48.0 | .... | 44.8 | .... | 3.2 |
| New York | 54.1 | 17.8 | 23.3 | 9.2 | 3.8 |
| North Carolina | 54.4 | 13.4 | 28.8 | 6.1 | 6.1 |
| North Dakota | 54.2 | 20.8 | 22.2 | 10.6 | 0.7 |
| Ohio | 56.5 | 16.1 | 25.2 | 10.0 | 5.2 |
| Oklahoma | 58.1 | 8.8 | 37.4 | 6.7 | 5.3 |
| Oregon | 45.3 | 20.3 | 17.2 | 7.6 | 0.2 |
| Pennsylvania | 53.6 | 12.4 | 29.8 | 8.7 | 2.7 |
| Rhode Island | 48.5 | 12.5 | 26.9 | 7.0 | 2.1 |
| South Carolina | 60.3 | 18.2 | 28.6 | 5.6 | 7.9 |
| South Dakota | 47.7 | 9.4 | 30.6 | 4.7 | 3.0 |
| Tennessee | 64.6 | 8.7 | 32.7 | 13.7 | 9.6 |
| Texas | 57.6 | 20.1 | 21.3 | 11.1 | 5.1 |
| Utah | 70.1 | 1.2 | 60.6 | 7.5 | 0.8 |
| Vermont | 54.0 | 9.5 | 26.5 | 10.0 | 8.1 |
| Virginia | 60.5 | 25.7 | 19.9 | 7.1 | 7.9 |
| Washington | 53.0 | 16.6 | 23.2 | 10.7 | 2.5 |
| West Virginia | 60.4 | 20.0 | 29.3 | 7.6 | 3.5 |
| Wisconsin | 58.5 | 8.2 | 28.9 | 14.8 | 6.7 |
| Wyoming | 21.9 | 6.0 | 3.0 | 9.5 | 3.5 |
| Total | 58.4 | 13.6 | 27.0 | 11.2 | 6.7 |

*Includes those discharged as without psychosis and unascertained cases.

from this average rate in the more populous states are not large, the rate seems to be an approximation of the normal relation between admissions and discharges of patients of all clinical groups taken together.

### Discharges in the Separate Groups of Psychoses

Table 3 (page 789) gives rates of discharges, classified by psychosis, sex, and condition on discharge for the whole United States, excepting Montana. Groups of psychoses with high rates of discharges are the alcoholic, drug, manic-depressive, psychoneuroses and neuroses, and with psychopathic personality; those with low rates are the senile, arteriosclerotic, general paralysis, with Huntington's chorea, with other brain and nervous diseases, with pellagra, and epilepsy.

Recovery rates naturally vary greatly in the several groups of psychoses. The highest recovery rate is found in the drug group, the next highest in the alcoholic group, and

CHART 1

RECOVERY RATES IN PRINCIPAL GROUPS OF PSYCHOSES PER 100 ADMISSIONS OF SAME PSYCHOSIS, 1922

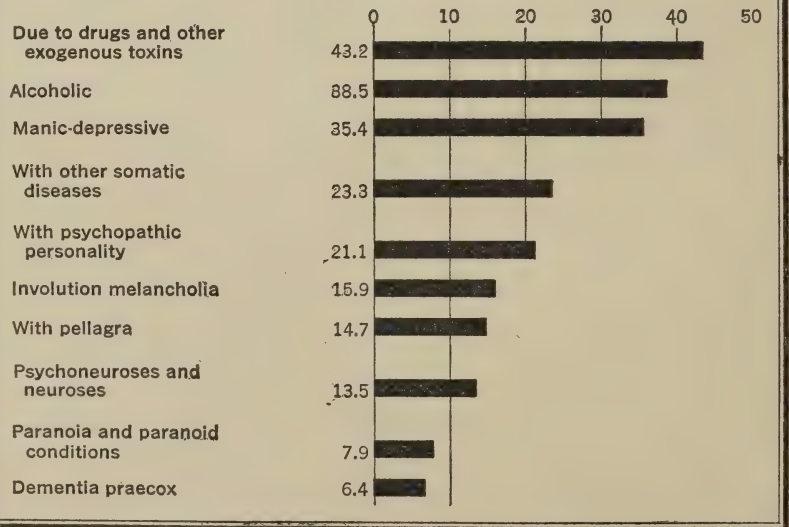


TABLE 3. RATES PER 100 ADMISSIONS WITH SAME PSYCHOSIS OF PATIENTS DISCHARGED FROM HOSPITALS FOR MENTAL DISEASE DURING 1922, CLASSIFIED BY SEX AND CONDITION ON DISCHARGE

| *Psychoses* | *Total* | | | *Recovered* | | | *Improved* | | | *Unimproved* | | | *Otherwise discharged** | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| Traumatic | 61.2 | 77.8 | 63.5 | 17.9 | 36.1 | 20.4 | 28.6 | 33.3 | 29.2 | 13.4 | 8.3 | 12.7 | 1.3 | .... | 1.2 |
| Senile | 21.9 | 25.7 | 23.8 | 1.4 | 1.3 | 1.3 | 11.4 | 14.3 | 12.8 | 8.6 | 9.6 | 9.1 | 0.6 | 0.5 | 0.5 |
| With cerebral arteriosclerosis | 23.3 | 27.0 | 24.6 | 2.0 | 2.2 | 2.0 | 14.2 | 17.9 | 15.5 | 6.5 | 6.5 | 6.5 | 0.6 | 0.4 | 0.5 |
| General paralysis | 25.5 | 28.0 | 26.0 | 0.5 | 0.8 | 0.5 | 12.9 | 16.3 | 13.5 | 11.3 | 10.5 | 11.1 | 0.8 | 0.4 | 0.7 |
| With cerebral syphilis | 41.0 | 41.6 | 41.2 | 5.4 | 5.2 | 5.3 | 23.8 | 25.1 | 24.1 | 11.0 | 11.3 | 11.1 | 0.8 | .... | 0.6 |
| With Huntington's chorea | 28.1 | 32.1 | 30.1 | 1.8 | 1.8 | 1.8 | 12.3 | 21.4 | 16.8 | 12.3 | 8.9 | 10.6 | 1.8 | .... | 0.9 |
| With brain tumor | 65.8 | 46.4 | 57.6 | .... | 3.6 | 1.5 | 21.1 | 17.9 | 19.7 | 44.7 | 25.0 | 36.4 | .... | .... | .... |
| With other brain or nervous diseases | 45.4 | 39.9 | 43.3 | 5.7 | 3.2 | 4.8 | 22.0 | 19.4 | 21.0 | 17.2 | 15.8 | 16.7 | 0.5 | 1.4 | 0.8 |
| Alcoholic | 78.1 | 72.0 | 77.5 | 39.5 | 29.6 | 38.5 | 30.0 | 31.7 | 30.1 | 5.0 | 8.8 | 5.4 | 3.6 | 1.8 | 3.5 |
| Due to drugs and other exogenous toxins | 92.8 | 84.2 | 89.4 | 43.4 | 42.9 | 43.2 | 36.2 | 33.3 | 35.1 | 9.4 | 6.6 | 8.3 | 3.8 | 1.3 | 2.8 |
| With pellagra | 58.9 | 45.5 | 49.6 | 17.7 | 13.4 | 14.7 | 31.2 | 25.2 | 27.1 | 9.2 | 6.9 | 7.6 | 0.7 | .... | 0.2 |
| With other somatic diseases | 49.4 | 57.1 | 54.0 | 20.7 | 25.1 | 23.3 | 23.0 | 23.2 | 23.1 | 4.9 | 7.6 | 6.5 | 0.9 | 1.2 | 1.1 |
| Manic-depressive | 77.4 | 73.7 | 75.3 | 36.7 | 34.4 | 35.4 | 31.5 | 31.4 | 31.4 | 8.2 | 7.2 | 7.6 | 0.9 | 0.6 | 0.8 |
| Involution melancholia | 61.7 | 65.1 | 64.0 | 12.8 | 17.3 | 15.9 | 32.8 | 35.3 | 34.6 | 15.8 | 11.4 | 12.8 | 0.3 | 1.0 | 0.8 |
| Dementia praecox | 59.4 | 54.8 | 57.4 | 6.3 | 6.6 | 6.4 | 33.8 | 33.3 | 33.6 | 17.6 | 13.7 | 16.0 | 1.6 | 1.2 | 1.4 |
| Paranoia or paranoid conditions | 65.3 | 59.1 | 61.9 | 10.7 | 5.6 | 7.9 | 31.1 | 33.5 | 32.4 | 22.3 | 19.2 | 20.6 | 1.1 | 0.7 | 0.9 |
| Epileptic | 47.2 | 43.8 | 45.9 | 4.7 | 6.1 | 5.2 | 25.7 | 24.0 | 25.1 | 15.4 | 13.1 | 14.5 | 1.4 | 0.5 | 1.0 |
| Psychoneuroses and neuroses | 99.3 | 87.8 | 95.0 | 9.1 | 20.7 | 13.5 | 68.8 | 49.3 | 61.5 | 16.6 | 13.9 | 15.6 | 4.8 | 3.9 | 4.5 |
| With psychopathic personality | 78.3 | 63.2 | 72.7 | 26.4 | 12.3 | 21.1 | 32.6 | 37.5 | 34.4 | 15.9 | 12.7 | 14.7 | 3.4 | 0.7 | 2.4 |
| With mental deficiency | 55.6 | 44.2 | 50.7 | 11.7 | 9.9 | 10.9 | 27.3 | 22.0 | 25.1 | 15.0 | 10.2 | 12.9 | 1.6 | 2.0 | 1.8 |
| Undiagnosed psychoses | 59.4 | 58.9 | 59.2 | 10.4 | 11.5 | 10.9 | 31.1 | 31.3 | 31.2 | 13.3 | 13.2 | 13.3 | 4.6 | 3.0 | 3.9 |
| Without psychosis | 88.7 | 81.4 | 86.6 | 4.9 | 7.1 | 5.6 | 5.4 | 6.2 | 5.7 | 3.8 | 3.2 | 3.6 | 74.5 | 64.9 | 71.8 |
| Unascertained | 53.0 | 94.7 | 67.4 | 4.7 | 5.3 | 4.9 | 11.6 | 30.1 | 18.0 | 8.4 | 13.3 | 10.1 | 28.4 | 46.0 | 34.5 |
| Total | 58.8 | 57.9 | 58.4 | 12.5 | 15.1 | 13.6 | 26.2 | 28.0 | 27.0 | 11.7 | 10.4 | 11.2 | 8.4 | 4.4 | 6.7 |

* Includes those discharged as without psychosis and unascertained cases.

the next in the manic-depressive group. Very few recoveries are reported in the so-called organic groups, but a large proportion of the patients in these groups improve sufficiently to be discharged. In the large dementia-praecox group the recovery rate in 1922 was only 6.4 per 100 admissions, but the discharged improved rate was 33.6 and the discharged unimproved rate 16.0.

Comparing rates of cases discharged as improved, we find the highest rate in the psychoneuroses group and the next highest in the drug group. Other groups with high rates are the involution melancholia, with psychopathic personality, and alcoholic groups.

Female patients fare somewhat better than male patients in being discharged, both the recovery and improvement rates of the former being the higher. As previously mentioned, the females gain an advantage over the males by being represented by few cases in the general-paralysis group. Some of the noteworthy differences in recovery and improvement rates per 100 admissions among males and females are seen in the following comparisons:

| | *Recovery rate* | | *Improvement rate* | |
|---|---|---|---|---|
| *Psychoses* | Males | Females | Males | Females |
| Alcoholic | 39.5 | 29.6 | 30.0 | 31.7 |
| With other somatic diseases | 20.7 | 25.1 | 23.0 | 23.2 |
| Involution melancholia | 12.8 | 17.3 | 32.8 | 35.3 |
| Paranoia or paranoid conditions | 10.7 | 5.6 | 31.1 | 33.5 |
| Psychoneuroses and neuroses | 9.1 | 20.7 | 68.8 | 49.3 |
| With psychopathic personality | 26.4 | 12.3 | 32.6 | 37.5 |

The causes of these differences in the rates in the two sexes are not fully known.

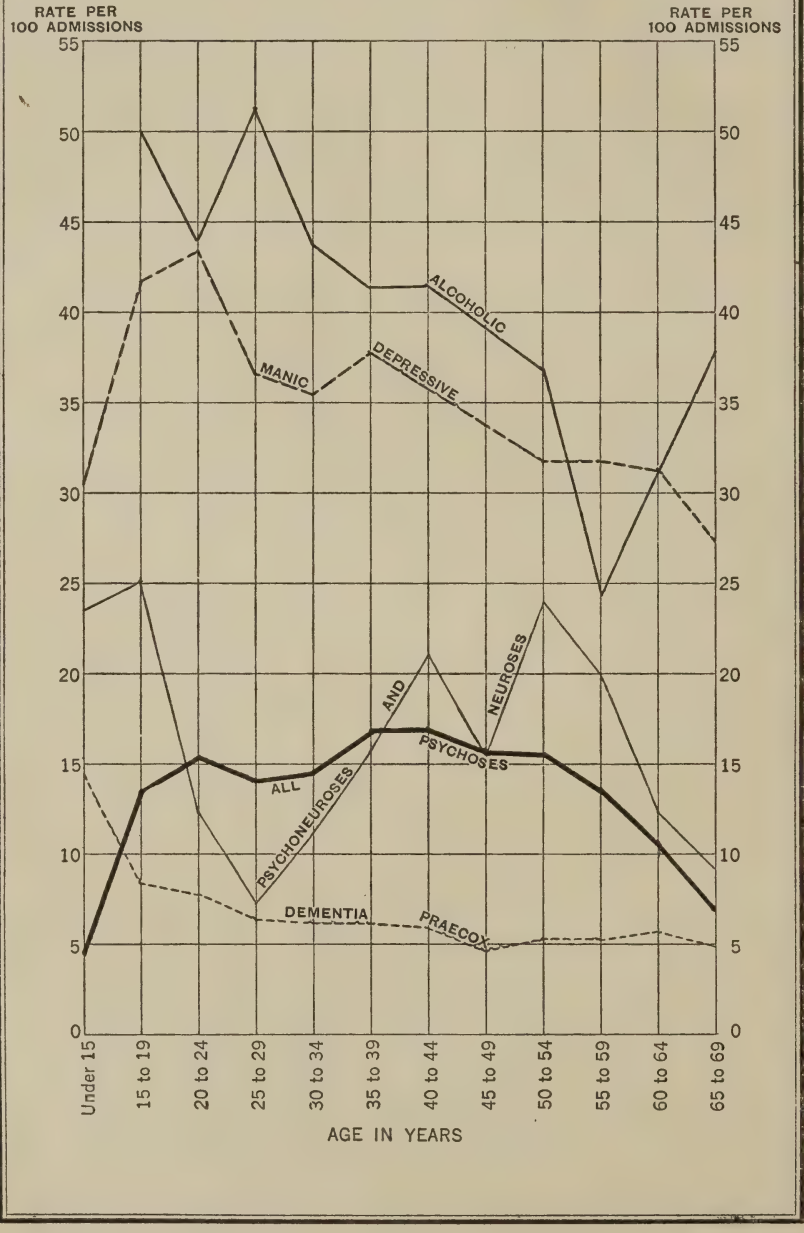
Table 4 (page 791) shows the rate per 100 admissions of patients discharged as recovered classified by psychosis and age. The recovery rate for the country as a whole in the successive age groups below 70 was as follows: under 15 years, 4.8; 15 to 19 years, 13.4; 20 to 24 years, 15.2; 25 to 29 years, 14.1; 30 to 34 years, 14.4; 35 to 39 years, 16.7; 40 to 44 years, 16.8; 45 to 49 years, 15.9; 50 to 54 years, 15.6; 55 to 59 years, 13.5; 60 to 64 years, 10.7; 65 to 69 years, 6.9. It will be noted that the highest rates of recovery occur between 35 and 45 years and that the rates vary comparatively little between the ages of 15 and 60.

TABLE 4. RATE PER 100 ADMISSIONS OF SAME PSYCHOSIS AND AGE OF PATIENTS DISCHARGED AS RECOVERED FROM HOSPITALS FOR MENTAL DISEASE DURING 1922

| *Psychoses* | *Total* | *Under 15 years* | *15 to 19 years* | *20 to 24 years* | *25 to 29 years* | *30 to 34 years* | *35 to 39 years* | *40 to 44 years* | *45 to 49 years* | *50 to 54 years* | *55 to 59 years* | *60 to 64 years* | *65 to 69 years* | *70 to 74 years* | *75 to 79 years* | *80 years and over* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Traumatic | 20.4 | .... | 10.0 | 21.1 | 24.0 | 16.1 | 20.0 | 32.3 | 19.2 | 40.0 | 12.0 | 15.4 | 7.1 | .... | .... | .... |
| Senile | 1.3 | .... | .... | .... | .... | .... | .... | .... | 6.3 | 6.3 | 2.4 | 2.0 | 1.3 | 1.2 | 1.2 | 0.1 |
| With cerebral arteriosclerosis | 2.0 | .... | .... | .... | 25.0 | 33.3 | .... | 2.1 | 4.9 | 5.3 | 2.8 | 2.2 | 1.5 | 1.1 | 0.9 | .... |
| General paralysis | 0.5 | .... | .... | 1.1 | 1.2 | 0.4 | 0.3 | 0.5 | 0.6 | 0.8 | 0.4 | 0.7 | 0.7 | .... | .... | .... |
| With cerebral syphilis | 5.3 | .... | 20.0 | 15.4 | 5.7 | 3.2 | 7.3 | 7.3 | 5.3 | 2.8 | 2.9 | .... | 5.7 | .... | .... | .... |
| With Huntington's chorea | 1.8 | .... | .... | 33.3 | .... | .... | 12.5 | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| With brain tumor | 1.5 | .... | .... | .... | .... | .... | .... | .... | .... | 12.5 | .... | .... | .... | .... | .... | .... |
| With other brain or nervous diseases | 4.8 | .... | 9.1 | 5.6 | 12.8 | 1.6 | 6.1 | 5.4 | 4.9 | 6.6 | 1.4 | 3.3 | 2.8 | .... | .... | .... |
| Alcoholic | 38.5 | .... | 50.0 | 44.0 | 51.3 | 43.8 | 41.6 | 41.7 | 39.0 | 36.8 | 24.4 | 31.3 | 37.8 | 25.0 | 12.5 | .... |
| Due to drugs and other exogenous toxins | 43.2 | .... | 18.2 | 50.0 | 38.1 | 35.7 | 49.2 | 43.0 | 63.0 | 39.4 | 38.5 | 40.0 | 64.3 | 66.7 | 100.0 | .... |
| With pellagra | 14.7 | .... | 22.2 | 18.8 | 20.5 | 8.2 | 19.7 | 9.0 | 23.6 | 8.2 | 19.4 | 11.1 | .... | .... | .... | .... |
| With other somatic diseases | 23.3 | .... | 25.4 | 31.3 | 38.3 | 25.2 | 26.7 | 30.0 | 15.9 | 18.2 | 14.4 | 14.0 | 11.0 | 11.1 | .... | .... |
| Manic-depressive | 35.4 | 30.8 | 41.6 | 43.3 | 36.7 | 35.3 | 37.8 | 35.8 | 33.8 | 31.9 | 31.9 | 31.2 | 27.3 | 29.8 | 40.0 | 20.0 |
| Involution melancholia | 15.9 | .... | .... | 27.3 | 7.7 | 30.4 | 30.9 | 14.5 | 16.4 | 15.1 | 15.1 | 16.0 | 14.1 | 17.9 | 6.7 | .... |
| Dementia praecox | 6.4 | 14.3 | 8.2 | 7.8 | 6.2 | 6.1 | 6.1 | 5.9 | 4.7 | 5.3 | 5.3 | 5.7 | 4.9 | 7.5 | .... | 6.7 |
| Paranoia or paranoid conditions | 7.9 | .... | 20.0 | 12.5 | 8.2 | 8.1 | 9.1 | 10.0 | 7.1 | 7.3 | 7.7 | 5.4 | 5.6 | 6.3 | 6.7 | .... |
| Epileptic | 5.2 | 1.9 | 4.6 | 3.9 | 4.7 | 4.4 | 4.8 | 7.4 | 8.4 | 8.7 | 9.4 | 5.5 | 2.6 | .... | .... | .... |
| Psychoneuroses and neuroses | 13.5 | 23.5 | 25.2 | 12.2 | 7.3 | 11.2 | 15.9 | 21.0 | 15.7 | 24.1 | 20.0 | 12.2 | 9.1 | 37.5 | .... | .... |
| With psychopathic personality | 21.2 | 12.5 | 13.2 | 20.3 | 25.7 | 27.6 | 30.7 | 18.1 | 19.1 | 18.2 | 16.1 | 6.7 | 14.3 | 33.3 | .... | .... |
| With mental deficiency | 10.9 | .... | 9.9 | 16.1 | 11.6 | 12.0 | 11.1 | 13.0 | 6.4 | 8.2 | 10.0 | 4.3 | .... | 12.5 | .... | .... |
| Undiagnosed psychoses | 10.9 | 5.1 | 13.0 | 12.3 | 12.1 | 11.7 | 12.5 | 12.1 | 10.9 | 9.8 | 9.6 | 11.9 | 5.8 | 2.7 | 3.0 | .... |
| Without psychosis | 5.6 | 0.5 | 0.8 | 3.3 | 6.9 | 5.4 | 7.4 | 6.1 | 7.3 | 6.2 | 5.9 | 3.1 | 7.6 | 4.7 | .... | .... |
| Unascertained | 4.9 | .... | 20.0 | 7.4 | .... | 6.9 | 4.5 | 6.9 | .... | .... | 12.5 | 15.0 | 10.0 | .... | .... | .... |
| Total | 13.5 | 4.8 | 13.4 | 15.2 | 14.1 | 14.4 | 16.7 | 16.8 | 15.9 | 15.6 | 13.5 | 10.7 | 6.9 | 3.9 | 2.5 | 0.3 |

CHART 2

RECOVERY RATES IN CERTAIN GROUPS OF PSYCHOSES PER 100 ADMISSIONS OF SAME AGE AND PSYCHOSIS, 1922



In the separate psychoses the variation in recovery rates in the several age groups is much greater. In certain psychoses the number of recovered cases, when separated by age periods, is too small to furnish a satisfactory basis for rates; but in some of the larger groups age appears to be a factor of considerable importance in influencing recovery. In the alcoholic psychoses, the recovery rate is much higher in the age groups below 30 years than in the groups above

TABLE 5. PER CENT DISTRIBUTION OF PATIENTS DISCHARGED AS RECOVERED FROM HOSPITALS FOR MENTAL DISEASE DURING 1922, BY PSYCHOSIS* AND LENGTH OF HOSPITAL RESIDENCE**

| *Psychoses* | *Total* | *Under 4 months* | *4 to 6 months* | *7 to 11 months* | *1 year* | *2 years* | *3 years* | *4 years* | *5 years and over* |
|---|---|---|---|---|---|---|---|---|---|
| Alcoholic | 100.0 | 72.4 | 11.4 | 7.0 | 5.2 | 1.0 | 0.7 | 0.6 | 1.7 |
| Due to drugs and other exogenous toxins | 100.0 | 68.9 | 13.8 | 6.0 | 7.5 | 1.2 | 0.6 | 0.6 | 1.5 |
| With other somatic diseases | 100.0 | 62.1 | 16.1 | 13.5 | 4.1 | 1.3 | 1.5 | .... | 1.3 |
| Manic-depressive | 100.0 | 35.8 | 19.6 | 14.8 | 15.5 | 5.2 | 3.0 | 1.8 | 4.2 |
| Involution melancholia | 100.0 | 33.0 | 21.2 | 13.3 | 16.2 | 3.2 | 3.8 | 1.8 | 7.4 |
| Dementia praecox | 100.0 | 28.8 | 22.1 | 17.0 | 15.0 | 6.0 | 3.0 | 1.6 | 6.4 |
| Paranoia or paranoid conditions | 100.0 | 43.7 | 14.8 | 13.7 | 10.9 | 4.9 | 2.7 | .... | 9.3 |
| Epileptic psychoses | 100.0 | 47.8 | 12.2 | 13.0 | 13.0 | 4.3 | 2.6 | 0.9 | 6.1 |
| Psychoneuroses and neuroses | 100.0 | 56.2 | 18.4 | 10.2 | 9.6 | 2.0 | 1.6 | 0.2 | 1.6 |
| With psychopathic personality | 100.0 | 34.7 | 15.8 | 15.8 | 18.5 | 3.5 | 1.9 | 3.9 | 5.8 |
| With mental deficiency | 100.0 | 36.1 | 17.1 | 14.3 | 16.3 | 5.2 | 2.4 | 2.8 | 6.0 |
| Undiagnosed psychoses | 100.0 | 56.5 | 15.3 | 9.7 | 8.5 | 3.1 | 1.7 | 0.4 | 4.7 |
| Without psychosis | 100.0 | 77.3 | 10.1 | 4.2 | 5.6 | 1.4 | 0.6 | 0.3 | 0.3 |
| Total patients | 100.0 | 44.3 | 17.9 | 13.2 | 12.8 | 4.1 | 2.4 | 1.4 | 4.0 |

* Per cents not shown for psychoses with less than 100 recovered cases.
** The percentages of cases the length of whose hospital residence was unascertained are omitted.

that age. In the manic-depressive psychoses the recovery rate is highest among patients 15 to 25 years of age, although there continues to be a high rate of recoveries in this group in every age period up to 80 years.

Females have a higher recovery rate than males in each age group up to 65 years. The highest recovery rate among the females occurs in the age group 35 to 39 years, while the highest rate among the males occurs in the group 40 to 44 years.

The per cent distribution of patients discharged as re-

covered classified by length of hospital residence is shown for the larger groups of psychoses in Table 5 (page 793). Most recoveries occur during the early periods of hospital life, 44.3 per cent occuring during the first four months of hospital life, and 75.4 per cent within the first year. Recovery is naturally more rapid in some forms of mental disease than

TABLE 6. PER CENT DISTRIBUTION OF PATIENTS DISCHARGED AS IMPROVED FROM HOSPITALS FOR MENTAL DISEASE DURING 1922, BY PSYCHOSIS* AND LENGTH OF HOSPITAL RESIDENCE**

| *Psychoses* | *Total* | *Under 4 months* | *4 to 6 months* | *7 to 11 months* | *1 year* | *2 years* | *3 years* | *4 years* | *5 years and over* |
|---|---|---|---|---|---|---|---|---|---|
| Senile | 100.0 | 49.0 | 15.1 | 10.9 | 11.8 | 4.3 | 2.4 | 2.1 | 4.5 |
| With cerebral arterio-sclerosis | 100.0 | 53.1 | 18.8 | 10.9 | 12.0 | 1.4 | 0.9 | 1.2 | 1.7 |
| General paralysis | 100.0 | 45.8 | 17.5 | 14.4 | 12.6 | 4.3 | 3.3 | 0.6 | 1.6 |
| With cerebral syphilis | 100.0 | 45.7 | 20.0 | 14.3 | 13.9 | 3.3 | 0.8 | 1.2 | 0.8 |
| With other brain or nervous diseases | 100.0 | 65.3 | 9.3 | 8.7 | 9.3 | 1.3 | 1.3 | 1.3 | 3.3 |
| Alcoholic | 100.0 | 66.0 | 7.4 | 7.7 | 8.1 | 3.1 | 2.7 | 1.0 | 4.0 |
| Due to drugs and other exogenous toxins | 100.0 | 74.9 | 8.9 | 5.5 | 5.5 | 2.2 | 0.4 | 0.4 | 2.2 |
| With pellagra | 100.0 | 52.8 | 13.6 | 15.2 | 12.0 | 3.2 | 2.4 | .... | 0.8 |
| With other somatic diseases | 100.0 | 62.3 | 15.2 | 8.4 | 7.9 | 3.1 | 1.5 | 0.4 | 1.1 |
| Manic-depressive | 100.0 | 41.6 | 16.5 | 13.6 | 13.5 | 5.4 | 2.7 | 1.6 | 5.1 |
| Involution melancholia | 100.0 | 40.8 | 15.6 | 14.3 | 14.3 | 4.2 | 2.7 | 2.0 | 6.1 |
| Dementia praecox | 100.0 | 30.7 | 16.2 | 15.5 | 16.8 | 6.8 | 4.0 | 2.3 | 7.7 |
| Paranoia or paranoid conditions | 100.0 | 40.5 | 13.3 | 10.0 | 14.7 | 5.5 | 3.1 | 3.1 | 9.9 |
| Epileptic psychoses | 100.0 | 44.4 | 11.6 | 9.6 | 17.8 | 4.9 | 3.4 | 1.8 | 6.3 |
| Psychoneuroses and neuroses | 100.0 | 54.5 | 16.2 | 15.5 | 10.3 | 1.6 | 0.6 | 0.4 | 0.7 |
| With psychopathic personality | 100.0 | 42.9 | 17.5 | 9.7 | 16.1 | 5.9 | 2.1 | 2.1 | 3.1 |
| With mental deficiency | 100.0 | 30.2 | 14.9 | 16.1 | 17.2 | 7.3 | 3.3 | 1.6 | 9.5 |
| Undiagnosed psychoses | 100.0 | 54.6 | 12.6 | 9.7 | 10.4 | 3.7 | 1.8 | 1.6 | 5.7 |
| Without psychosis | 100.0 | 65.1 | 10.7 | 10.7 | 7.4 | 2.5 | 1.4 | 0.8 | 1.4 |
| Total patients | 100.0 | 43.4 | 15.3 | 13.2 | 13.6 | 4.8 | 2.7 | 1.6 | 5.2 |

* Per cents not shown for psychoses with less than 100 recovered cases.
** The percentages of cases the length of whose hospital residence was unascertained are omitted.

in others. In the alcoholic group 72.4 per cent, and in the drug group 68.9 per cent, of the recoveries occurred within four months of admission. In the manic-depressive group 35.8 per cent of the recoveries occurred within four months of hospital life, 19.6 per cent additional occurred in the period of 4 to 6 months, and 14.8 per cent additional in the period 7 to 11 months. In the involution melancholia, dementia-praecox, paranoid, epileptic, psychopathic-personality, and

mental-deficiency groups a considerable percentage of recoveries occur after a hospital residence of five years or more.

Table 6 (page 794) gives the per cent distribution of the patients discharged as improved, classified by psychosis and length of hospital residence. It is noteworthy that 71.9 per cent of all cases discharged as improved had a hospital residence of less than one year, and that 43.4 per cent had a hospital residence of less than four months. In nearly all the clinical groups there was a high percentage of improved cases discharged within four months from the time of admission.

### Deaths

Patients leave institutions for mental disease either by discharge or death. Transfers, of course, are frequently made from one institution for mental disease to another in the same state; while such transfers reduce the population of the institution from which they go, they do not change the population of the institutions as a whole. They are, therefore, not given special consideration in this discussion.

Of the 25,656 deaths reported by the hospitals for mental disease in 1922, individual schedules were received for 25,436, of whom 14,769 were males and 10,667 females. The general death rate per 1,000 patients under treatment was 74.3. The rate for males was 80.1 and for females 67.4. The lower death rate of female patients corresponds in a measure to the lower death rate of females in the general population, but in the institutions the difference in death rate in the two sexes is greater, due principally to the excess of males in the general-paralysis group, in which the death rate is very high. Comparing deaths with admissions, we find that in 1922 the number of deaths was 27.7 per cent of the number of total admissions. As the number of discharges, excluding deaths and transfers, was 58.4 per cent of the number of admissions, it is evident that patients are entering institutions for mental disease considerably faster than they are leaving.

Table 7 (page 796) compares death rates per 1,000 under treatment in hospitals for mental disease in 1910 and 1922, the data being taken from the federal censuses of the respective years. In 1910 the general death rate of patients was 80.2, the rate for males 87.7, and for females 71.6. The lower

TABLE 7. COMPARISON OF DEATHS IN HOSPITALS FOR MENTAL DISEASE BY STATES DURING 1922 AND 1910, WITH RATES PER 1,000 OF TOTAL UNDER TREATMENT EACH YEAR

| States | 1922 | | | | | | 1910 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number of deaths | | | Per 1,000 under treatment | | | Number of deaths | | | Per 1,000 under treatment | | |
| | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| Alabama | 160 | 101 | 261 | 93.6 | 56.2 | 77.4 | 157 | 170 | 327 | 112.7 | 120.6 | 116.7 |
| Arizona | 41 | 10 | 51 | 90.3 | 53.2 | 79.4 | 36 | 8 | 44 | 105.9 | 92.0 | 103.0 |
| Arkansas | 181 | 87 | 268 | 104.4 | 61.9 | 85.4 | 68 | 50 | 118 | 104.6 | 76.2 | 90.4 |
| California | 772 | 467 | 1,239 | 78.4 | 72.0 | 75.8 | 414 | 194 | 608 | 82.4 | 64.6 | 75.7 |
| Colorado | 130 | 75 | 205 | 90.3 | 65.2 | 79.2 | 82 | 33 | 115 | 86.4 | 51.8 | 72.5 |
| Connecticut | 256 | 168 | 424 | 77.1 | 51.6 | 64.5 | 172 | 139 | 311 | 78.9 | 59.1 | 68.6 |
| Delaware | 20 | 17 | 37 | 59.9 | 59.9 | 59.9 | 23 | 25 | 48 | 77.4 | 98.0 | 87.0 |
| District of Columbia | 197 | 70 | 267 | 56.3 | 58.7 | 56.9 | 206 | 73 | 279 | 79.4 | 83.4 | 80.4 |
| Florida | 144 | 81 | 225 | 105.6 | 78.2 | 93.8 | 76 | 42 | 118 | 130.6 | 84.7 | 109.5 |
| Georgia | 152 | 149 | 301 | 55.6 | 55.6 | 55.6 | 241 | 214 | 455 | 116.1 | 106.0 | 111.2 |
| Idaho | 46 | 23 | 69 | 95.0 | 81.0 | 89.8 | 23 | 10 | 33 | 65.7 | 60.6 | 64.1 |
| Illinois | 1,184 | 766 | 1,950 | 84.2 | 67.8 | 76.9 | 784 | 568 | 1,352 | 89.3 | 77.2 | 83.8 |
| Indiana | 267 | 196 | 463 | 63.9 | 55.2 | 59.9 | 277 | 158 | 435 | 99.7 | 57.3 | 78.5 |
| Iowa | 344 | 204 | 548 | 68.1 | 52.5 | 61.3 | 308 | 188 | 496 | 84.9 | 61.6 | 74.3 |
| Kansas | 181 | 95 | 276 | 78.4 | 49.5 | 65.3 | 195 | 91 | 286 | 91.2 | 60.7 | 78.6 |
| Kentucky | 286 | 224 | 510 | 84.0 | 82.4 | 83.3 | 252 | 172 | 424 | 97.0 | 84.6 | 91.6 |
| Louisiana | 123 | 101 | 224 | 56.7 | 47.6 | 52.2 | 95 | 91 | 186 | 74.8 | 70.5 | 72.7 |
| Maine | 108 | 72 | 180 | 88.4 | 66.6 | 78.2 | 83 | 83 | 166 | 92.8 | 111.9 | 101.5 |
| Maryland | 271 | 197 | 468 | 73.4 | 66.5 | 70.3 | 167 | 154 | 321 | 80.7 | 73.1 | 76.8 |
| Massachusetts | 797 | 762 | 1,559 | 73.9 | 71.0 | 72.4 | 632 | 519 | 1,151 | 87.8 | 69.6 | 78.5 |
| Michigan | 520 | 319 | 839 | 81.2 | 61.7 | 72.5 | 431 | 268 | 699 | 91.6 | 70.5 | 82.2 |
| Minnesota | 343 | 206 | 549 | 71.2 | 59.2 | 66.2 | 251 | 134 | 385 | 73.1 | 55.5 | 65.8 |
| Mississippi | 150 | 133 | 283 | 72.6 | 77.5 | 74.8 | 111 | 126 | 237 | 89.5 | 93.3 | 91.5 |
| Missouri | 542 | 356 | 898 | 89.8 | 66.9 | 79.0 | 402 | 283 | 685 | 93.9 | 74.7 | 84.9 |
| Nebraska | 175 | 97 | 272 | 83.9 | 60.6 | 73.8 | 116 | 58 | 174 | 86.1 | 60.2 | 75.3 |
| Nevada | 7 | 6 | 13 | 41.7 | 73.2 | 52.0 | 13 | 8 | 21 | 63.7 | 98.8 | 73.7 |
| New Hampshire | 101 | 60 | 161 | 111.6 | 71.3 | 92.2 | 80 | 66 | 146 | 131.4 | 112.2 | 122.0 |
| New Jersey | 532 | 485 | 1,017 | 96.2 | 83.4 | 89.6 | 344 | 258 | 602 | 93.6 | 67.7 | 80.4 |
| New Mexico | 21 | 24 | 45 | 71.2 | 118.8 | 90.5 | 32 | 7 | 39 | 177.8 | 66.0 | 136.4 |
| New York | 2,078 | 1,945 | 4,023 | 82.9 | 75.1 | 78.9 | 1,499 | 1,244 | 2,743 | 81.2 | 63.9 | 72.4 |
| North Carolina | 145 | 153 | 298 | 68.9 | 57.3 | 62.4 | 115 | 99 | 214 | 85.2 | 53.5 | 66.9 |
| North Dakota | 53 | 33 | 86 | 56.5 | 57.8 | 57.0 | 39 | 14 | 53 | 80.6 | 54.5 | 71.5 |
| Ohio | 861 | 573 | 1,434 | 92.5 | 72.7 | 83.4 | 713 | 434 | 1,147 | 96.5 | 69.9 | 84.4 |
| Oklahoma | 200 | 108 | 308 | 92.4 | 66.2 | 81.1 | 94 | 61 | 155 | 92.7 | 85.9 | 89.9 |
| Oregon | 190 | 109 | 299 | 85.4 | 92.1 | 87.8 | 119 | 34 | 153 | 84.5 | 55.5 | 75.7 |
| Pennsylvania | 1,154 | 878 | 2,032 | 85.4 | 72.4 | 79.2 | 835 | 702 | 1,537 | 84.1 | 79.6 | 82.0 |
| Rhode Island | 121 | 74 | 195 | 107.5 | 75.4 | 92.5 | 76 | 60 | 136 | 86.5 | 76.8 | 81.9 |
| South Carolina | 186 | 115 | 301 | 112.0 | 72.8 | 92.9 | 150 | 147 | 297 | 144.5 | 129.4 | 136.6 |
| South Dakota | 65 | 29 | 94 | 73.8 | 46.6 | 62.5 | 54 | 27 | 81 | 85.0 | 69.8 | 79.3 |
| Tennessee | 153 | 142 | 295 | 61.8 | 61.7 | 61.8 | 119 | 126 | 245 | 78.1 | 84.2 | 81.2 |
| Texas | 297 | 201 | 498 | 69.7 | 49.1 | 59.6 | 210 | 157 | 367 | 77.5 | 63.8 | 70.9 |
| Utah | 38 | 24 | 62 | 76.8 | 55.0 | 66.6 | 19 | 18 | 37 | 83.7 | 87.4 | 85.5 |
| Vermont | 79 | 68 | 147 | 92.9 | 88.5 | 90.9 | 62 | 48 | 110 | 91.4 | 83.5 | 87.8 |
| Virginia | 249 | 176 | 425 | 72.7 | 57.4 | 65.5 | 239 | 182 | 421 | 103.7 | 79.5 | 91.6 |
| Washington | 257 | 106 | 363 | 83.1 | 59.0 | 74.3 | 168 | 52 | 220 | 92.9 | 59.8 | 82.2 |
| West Virginia | 172 | 104 | 276 | 111.1 | 78.7 | 96.2 | 98 | 76 | 174 | 85.7 | 74.1 | 80.3 |
| Wisconsin | 398 | 273 | 671 | 59.2 | 55.7 | 57.7 | 299 | 191 | 490 | 63.7 | 54.5 | 59.8 |
| Wyoming | 22 | 5 | 27 | 58.5 | 41.3 | 54.3 | 6 | 5 | 11 | 48.8 | 73.5 | 57.6 |
| Total | 14,769 | 10,667 | 25,436 | 80.1 | 67.4 | 74.3 | 11,045 | 7,879 | 18,924 | 87.7 | 71.6 | 80.2 |

death rate in 1922 confirms the general belief that the care of patients with mental disease has improved considerably since 1910. While the trend of death rates in institutions for mental disease in most states has gone down with the general trend, an increase in death rate in several states in 1922 is noted. For example, the death rate among patients in Rhode Island in 1910 was 81.9 and in 1922, 92.5; in New York in 1910,

TABLE 8. PATIENTS DYING IN HOSPITALS FOR MENTAL DISEASE DURING 1922, CLASSIFIED BY PSYCHOSIS, WITH RATES PER 1,000 OF TOTAL UNDER TREATMENT DURING THE YEAR WITH SAME PSYCHOSIS

| *Psychoses* | *Number of deaths* | | | *Per 1,000 under treatment* | | |
|---|---|---|---|---|---|---|
| | Males | Females | Total | Males | Females | Total |
| Traumatic | 33 | 9 | 42 | 51.6 | 101.1 | 57.7 |
| Senile | 2,643 | 2,431 | 5,074 | 280.7 | 221.4 | 248.7 |
| With cerebral arteriosclerosis | 1,530 | 820 | 2,350 | 319.1 | 284.0 | 305.9 |
| General paralysis | 3,816 | 869 | 4,685 | 304.0 | 261.4 | 295.0 |
| With cerebral syphilis | 278 | 101 | 379 | 157.5 | 120.0 | 145.4 |
| With Huntington's chorea | 35 | 35 | 70 | 177.7 | 156.3 | 166.3 |
| With brain tumor | 19 | 14 | 33 | 275.4 | 274.5 | 275.0 |
| With other brain or nervous diseases | 169 | 117 | 286 | 171.2 | 175.1 | 172.8 |
| Alcoholic | 331 | 82 | 413 | 37.2 | 56.1 | 39.9 |
| Due to drugs and other exogenous toxins | 34 | 33 | 67 | 43.4 | 62.4 | 51.1 |
| With pellagra | 76 | 158 | 234 | 254.2 | 235.8 | 241.5 |
| With other somatic diseases | 326 | 366 | 692 | 217.2 | 164.0 | 185.4 |
| Manic-depressive | 1,164 | 1,481 | 2,645 | 49.5 | 46.5 | 47.7 |
| Involution melancholia | 239 | 381 | 620 | 97.7 | 71.9 | 80.0 |
| Dementia praecox | 1,930 | 2,018 | 3,948 | 27.8 | 33.5 | 30.5 |
| Paranoia or paranoid conditions | 175 | 227 | 402 | 26.8 | 31.3 | 29.2 |
| Epileptic | 606 | 413 | 1,019 | 96.0 | 84.8 | 91.1 |
| Psychoneuroses and neuroses | 33 | 52 | 85 | 9.4 | 21.9 | 14.4 |
| With psychopathic personality | 49 | 29 | 78 | 21.1 | 19.0 | 20.3 |
| With mental deficiency | 213 | 201 | 414 | 29.1 | 32.4 | 30.6 |
| Undiagnosed psychoses | 668 | 561 | 1,229 | 66.9 | 67.7 | 67.3 |
| Without psychosis | 346 | 223 | 569 | 34.2 | 40.3 | 36.4 |
| Unascertained | 56 | 46 | 102 | 56.3 | 57.9 | 57.0 |
| Total | 14,769 | 10,667 | 25,436 | 80.1 | 67.4 | 74.3 |

72.4 and in 1922, 78.9; in New Jersey in 1910, 80.4 and in 1922, 89.6. Death rates in the several states are influenced by many factors, the most important of which are the age and type of mental disease of the patients under treatment.

Death rates for the several psychotic groups are shown by sex in Table 8 above. A remarkably wide range of death

rates is seen in the various psychoses, the highest rate—305.9—being found in the cerebral arteriosclerotic group and the lowest rate—14.4—in the psychoneuroses and neuroses group. High death rates are found in the so-called organic groups and the somatic-disease group and comparatively low rates in the toxic and functional groups. Females have lower death rates than males in all of the organic groups except that of psychoses with other brain or nervous diseases, and in the manic-depressive, involution melancholia, and epileptic groups. Males have lower death rates in the alcoholic, drug, dementia-praecox, paranoid, and psychoneuroses and neuroses groups. No adequate explanation can be made for these marked differences in death rates among patients of the two sexes.

The influence of the various classes of disease in causing deaths of patients in the several clinical groups is shown by Table 9 (page 799). The death rate in all clinical groups from general diseases was 13.9; from diseases of the nervous system, 26.7; from diseases of the circulatory system, 18.0; from diseases of the respiratory system, 5.9; from diseases of the digestive system, 2.1; from diseases of the genito-urinary system, 4.1; and from violence, 1.3. The rates from the several causes in the various groups of psychoses bear little resemblance to the general average rate. The rates in each group are also unlike those of any other.

Death rates among males and females from principal diseases were as follows:

| | *Rates per* 1,000 *under treatment* | | |
|---|---|---|---|
| *Diseases* | Males | Females | Total |
| Tuberculosis of lungs | 6.6 | 8.1 | 7.3 |
| Cancer | 1.1 | 1.9 | 1.5 |
| Apoplexy | 5.5 | 4.8 | 5.2 |
| General paralysis | 21.7 | 6.0 | 14.4 |
| Broncho-pneumonia | 2.7 | 3.0 | 2.8 |
| Lobar pneumonia | 2.2 | 2.2 | 2.2 |
| Diarrhea and enteritis | 0.6 | 1.3 | 0.9 |
| Nephritis, all forms | 3.8 | 4.0 | 3.9 |
| Suicide | 0.8 | 0.5 | 0.7 |
| All other cases | 35.3 | 35.5 | 35.4 |

The most striking difference shown in this tabulation is the greater prevalence of general paralysis among males.

TABLE 9. DEATH RATES PER 1,000 UNDER TREATMENT FROM THE VARIOUS CLASSES OF DISEASES OF PATIENTS IN HOSPITALS FOR MENTAL DISEASE DURING 1922, BY PSYCHOSES

| *Psychoses* | *Total* | *General diseases* | *Diseases of nervous system* | *Diseases of circulatory system* | *Diseases of respiratory system* | *Diseases of digestive system* | *Diseases of the genito-urinary system* | *Diseases of the skin* | *Violence* | *All other causes* | *Unascertained* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Traumatic | 57.7 | 5.5 | 13.7 | 13.7 | 6.9 | 1.4 | 4.1 | .... | 11.0 | 1.4 | .... |
| Senile | 248.7 | 17.0 | 34.8 | 111.3 | 30.0 | 5.9 | 18.7 | 1.4 | 2.7 | 26.8 | 0.1 |
| With cerebral arteriosclerosis | 305.9 | 10.2 | 67.6 | 185.8 | 24.1 | 1.0 | 16.3 | .... | 1.0 | .... | .... |
| General paralysis | 295.0 | 1.3 | 291.1 | 0.4 | 0.3 | .... | 0.1 | .... | 1.8 | .... | .... |
| With cerebral syphilis | 145.4 | 106.6 | 34.5 | 2.3 | .... | .... | 0.4 | .... | 1.5 | .... | .... |
| With Huntington's chorea | 166.3 | 19.0 | 104.5 | 14.3 | 9.5 | 9.5 | 9.5 | .... | .... | .... | .... |
| With brain tumor | 275.0 | 8.3 | 250.0 | 8.3 | .... | .... | .... | .... | 8.3 | .... | .... |
| With other brain or nervous diseases | 172.8 | 27.2 | 105.1 | 21.8 | 10.3 | 2.4 | 4.8 | .... | 0.6 | 0.6 | .... |
| Alcoholic | 39.9 | 16.1 | 5.0 | 7.5 | 4.4 | 1.9 | 3.8 | .... | 1.1 | .... | .... |
| Due to drugs and other exogenous toxins | 51.1 | 17.5 | 6.1 | 16.0 | 2.3 | .... | 6.9 | .... | 2.3 | .... | .... |
| With pellagra | 241.5 | 239.4 | .... | .... | .... | .... | 1.0 | .... | 1.0 | .... | .... |
| With other somatic diseases | 185.4 | 67.0 | 19.6 | 40.7 | 13.1 | 7.2 | 32.7 | .... | 3.1 | 2.4 | 0.5 |
| Manic-depressive | 47.7 | 11.0 | 14.7 | 9.2 | 4.4 | 2.5 | 3.7 | 0.1 | 2.0 | 0.1 | .... |
| Involution melancholia | 80.0 | 12.7 | 17.8 | 22.7 | 9.7 | 5.3 | 6.8 | 0.4 | 4.1 | 0.5 | .... |
| Dementia praecox | 30.5 | 13.0 | 4.8 | 5.5 | 2.9 | 1.6 | 1.7 | 0.1 | 0.7 | 0.2 | * |
| Paranoia or paranoid conditions | 29.2 | 7.5 | 4.4 | 9.2 | 3.0 | 1.4 | 2.9 | 0.2 | 0.5 | ... | 0.1 |
| Epileptic | 91.1 | 11.7 | 63.2 | 4.9 | 6.5 | 1.0 | 2.1 | 0.1 | 1.4 | 0.1 | .... |
| Psychoneuroses and neuroses | 14.4 | 3.9 | 2.5 | 2.5 | 1.4 | 0.7 | 1.2 | .... | 2.0 | .... | 0.2 |
| Withpsychopathicpersonality | 20.3 | 7.3 | 3.1 | 2.9 | 2.9 | 2.1 | 1.0 | 0.3 | 0.8 | .... | .... |
| With mental deficiency | 30.6 | 11.3 | 4.5 | 6.1 | 3.8 | 2.4 | 1.7 | .... | 0.5 | 0.1 | 0.1 |
| Undiagnosed psychoses | 67.3 | 14.1 | 13.8 | 17.9 | 7.8 | 2.8 | 5.0 | 0.4 | 1.9 | 0.9 | 2.6 |
| Without psychosis | 36.4 | 12.2 | 7.4 | 7.9 | 4.3 | 1.2 | 2.3 | 0.1 | 0.6 | 0.3 | 0.2 |
| Unascertained | 57.0 | 7.8 | 5.6 | 7.3 | 7.8 | 3.4 | 3.9 | 1.1 | 1.1 | 1.1 | 17.9 |
| Total | 74.3 | 13.9 | 26.7 | 18.0 | 5.9 | 2.1 | 4.1 | 0.2 | 1.3 | 1.8 | 0.3 |

* Less than one-tenth of 1 per 1,000.

The age distribution of the patients dying in institutions for mental disease is shown in Table 10 below. The number of deaths among males exceeds those among females in each period, although the percentages of deaths among females are greater than those among males in the age groups under 35 years and those of 65 years and over.

Only 7.3 per cent of the patients dying were under 30 years and only 1.0 per cent under 20 years of age; 32.7 per cent of the males and 36.5 per cent of the females reached 65 years or over.

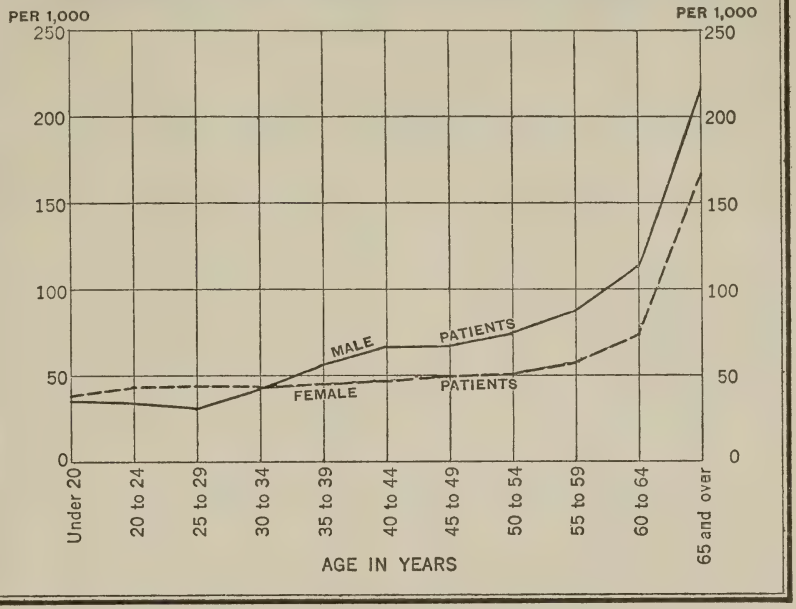
TABLE 10. AGE DISTRIBUTION OF PATIENTS DYING IN HOSPITALS FOR MENTAL DISEASE DURING 1922.

| *Age groups* | *Number of deaths* | | | *Per cent of total* | | |
|---|---|---|---|---|---|---|
| | Males | Females | Total | Males | Females | Total |
| Under 20 years | 134 | 111 | 245 | 0.9 | 1.0 | 1.0 |
| 20 to 24 years | 326 | 274 | 600 | 2.2 | 2.6 | 2.4 |
| 25 to 29 years | 504 | 492 | 996 | 3.4 | 4.6 | 3.9 |
| 30 to 34 years | 856 | 652 | 1,508 | 5.8 | 6.1 | 5.9 |
| 35 to 39 years | 1,275 | 775 | 2,050 | 8.6 | 7.3 | 8.1 |
| 40 to 44 years | 1,403 | 847 | 2,250 | 9.5 | 7.9 | 8.8 |
| 45 to 49 years | 1,285 | 906 | 2,191 | 8.7 | 8.5 | 8.6 |
| 50 to 54 years | 1,285 | 862 | 2,147 | 8.7 | 8.1 | 8.4 |
| 55 to 59 years | 1,266 | 809 | 2,075 | 8.6 | 7.6 | 8.2 |
| 60 to 64 years | 1,430 | 938 | 2,368 | 9.7 | 8.8 | 9.3 |
| 65 years and over | 4,826 | 3,897 | 8,723 | 32.7 | 36.5 | 34.3 |
| Unascertained | 179 | 104 | 283 | 1.2 | 1.0 | 1.1 |
| Total | 14,769 | 10,667 | 25,436 | 100.0 | 100.0 | 100.0 |

Death rates per 1,000 under treatment in the several age groups are shown in Table 11 (page 801). Among the females the death rate rises in each successive age group from 20 years upwards, with the exception of group 30 to 34 years. Among the males there is a slight fall in the rate in the age period 25 to 29 years, but a steady rise in the succeeding groups. The death rate among females is higher than among males in the age groups under 35 years and much lower in the remaining age groups. The fatal effects of general paralysis account for a large part of the excessive death rates among males in age periods above 40 years.

That patients with mental disease have a much higher death rate at all ages than the general population is seen by comparing the foregoing rates with those compiled by the Federal

CHART 3
DEATH RATES BY AGE GROUPS AND SEX AMONG PATIENTS UNDER TREATMENT IN INSTITUTIONS FOR MENTAL DISEASE, 1922




Census Bureau for the registration area of the United States in 1920. (See Table 12, page 802.)

The average age at death of all patients who died in institutions for mental disease in 1922 was found to be 55.3. This

TABLE 11. DEATH RATES PER 1,000 UNDER TREATMENT BY AGE GROUPS AMONG PATIENTS IN INSTITUTIONS FOR MENTAL DISEASE IN THE UNITED STATES, 1922

| *Age groups* | *Males* | *Females* | *Total* |
|---|---|---|---|
| Under 20 years | 35.3 | 37.4 | 36.2 |
| 20 to 24 years | 32.2 | 44.1 | 36.7 |
| 25 to 29 years | 30.2 | 44.2 | 35.8 |
| 30 to 34 years | 42.1 | 43.5 | 42.7 |
| 35 to 39 years | 56.9 | 44.4 | 51.4 |
| 40 to 44 years | 65.3 | 46.4 | 56.6 |
| 45 to 49 years | 66.2 | 50.0 | 58.4 |
| 50 to 54 years | 74.6 | 50.7 | 62.7 |
| 55 to 59 years | 87.8 | 58.2 | 73.2 |
| 60 to 64 years | 112.7 | 74.9 | 93.9 |
| 65 years and over | 214.3 | 165.1 | 189.1 |
| Total | 80.1 | 67.4 | 74.3 |

average age is nearly the same as that of the persons dying in the general population, but it must be remembered that patients with mental disease are in the main an adult group. In the separate groups of psychoses the average age at death

TABLE 12. DEATH RATES PER 1,000 BY AGE GROUPS AMONG THE GENERAL POPULATION OF THE REGISTRATION AREA OF THE UNITED STATES, 1920*.

| *Age groups* | *Males* | *Females* | *Total* |
|---|---|---|---|
| 15 to 19 years | 4.2 | 4.0 | 4.1 |
| 20 to 24 years | 5.4 | 6.0 | 5.7 |
| 25 to 34 years | 6.5 | 7.2 | 6.9 |
| 35 to 44 years | 8.4 | 8.1 | 8.3 |
| 45 to 54 years | 12.6 | 11.8 | 12.2 |
| 55 to 64 years | 24.9 | 22.8 | 23.9 |
| 65 to 74 years | 54.7 | 50.7 | 52.7 |
| 75 years and over | 137.4 | 133.0 | 135.1 |
| Total | 13.5 | 12.7 | 13.1 |

* Mortality Rates, 1910–1920. Federal Census Report, p. 428.

TABLE 13. AVERAGE AGE AT DEATH OF PATIENTS DYING IN HOSPITALS FOR MENTAL DISEASE DURING 1922, CLASSIFIED BY PSYCHOSIS

| *Psychoses* | *Average age at death* |
|---|---|
| Traumatic | 53.2 |
| Senile | 74.1 |
| With cerebral arteriosclerosis | 67.4 |
| General paralysis | 45.2 |
| With cerebral syphilis | 47.8 |
| With Huntington's chorea | 53.4 |
| With brain tumor | 45.8 |
| With other brain or nervous diseases | 51.5 |
| Alcoholic | 55.8 |
| Due to drugs and other exogenous toxins | 54.3 |
| With pellagra | 43.7 |
| With other somatic diseases | 48.2 |
| Manic-depressive | 50.8 |
| Involution melancholia | 58.3 |
| Dementia praecox | 46.5 |
| Paranoia or paranoid conditions | 61.4 |
| Epileptic | 42.9 |
| Psychoneuroses and neuroses | 46.3 |
| With psychopathic personality | 44.9 |
| With mental deficiency | 45.9 |
| Undiagnosed | 55.1 |
| Without psychosis | 47.1 |
| Unascertained | 59.8 |
| Total | 55.3 |

varies from 42.9 years in the epileptic group to 74.1 years in the senile group. Among general-paralysis patients the average age at death was found to be 45.2 years, and among dementia-praecox patients, 46.5 years. (See Table 13, page 802.)

Table 14 (page 804) shows the per cent distribution of hospital-life periods of patients dying in institutions in 1922 classified by psychosis. It is noteworthy that the hospital life of 16.3 per cent of the patients who died was less than one month; 23.5 per cent had a hospital life of less than two months; and 48.3 per cent had a hospital life of less than one year. On the other hand 15.2 per cent had been in the institutions 10 years or more. The patients of each group of psychoses have a characteristic distribution of hospital-life periods. The forms of mental disease accompanied by acute physical diseases which terminate fatally naturally are represented by a comparatively brief period of hospital life. For example, 53.2 per cent of the patients in the group psychoses with other somatic diseases who died in the hospitals had a hospital life of less than one month. Other groups with a high percentage of deaths occurring within one month of hospital life are general paralysis, psychoses with other brain or nervous diseases, psychoses with pellagra, and undiagnosed psychoses. The groups in which large percentages of deaths occurred after a hospital life of 10 years or more are alcoholic, dementia-praecox, paranoia or paranoid conditions, and psychoses with mental deficiency.

Although the scope of this paper will not permit a detailed discussion of the outcome of each form of mental disease, the data presented in the several tables will throw considerable light on the matter. It will be evident to any one who seriously considers the matter that both general and detailed data are necessary to a clear understanding of the results of institutional treatment of mental disease.

TABLE 14. PER CENT DISTRIBUTION BY LENGTH OF HOSPITAL RESIDENCE OF PATIENTS DYING DURING 1922, CLASSIFIED BY PSYCHOSIS*

| *Psychoses* | ** *Total* | *Under 1 month* | *1 month* | *2 months* | *3 months* | *4 months* | *5 months* | *6 months* | *7 to 11 months* | *1 year* | *2 years* | *3 years* | *4 years* | *5 to 9 years* | *10 years and over* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Senile | 100.0 | 18.0 | 9.4 | 6.3 | 5.4 | 4.3 | 3.4 | 2.6 | 10.5 | 13.0 | 7.2 | 4.6 | 3.1 | 7.1 | 5.1 |
| With cerebral arterio-sclerosis | 100.0 | 26.7 | 11.4 | 6.8 | 4.5 | 4.7 | 3.5 | 3.2 | 9.6 | 13.1 | 5.3 | 2.9 | 2.0 | 3.8 | 2.4 |
| General paralysis | 100.0 | 13.1 | 8.9 | 6.2 | 5.4 | 4.7 | 3.6 | 3.8 | 12.8 | 20.8 | 9.6 | 4.4 | 2.3 | 3.5 | 0.8 |
| With cerebral syphilis | 100.0 | 17.9 | 7.4 | 7.9 | 6.3 | 4.7 | 4.5 | 2.4 | 11.6 | 15.0 | 6.9 | 4.2 | 4.0 | 4.0 | 3.2 |
| With other brain or nervous diseases | 100.0 | 30.4 | 11.2 | 5.9 | 4.5 | 2.8 | 2.8 | 1.7 | 8.4 | 10.1 | 4.2 | 5.2 | 1.4 | 6.6 | 4.5 |
| Alcoholic | 100.0 | 14.0 | 3.4 | 2.7 | 2.2 | 0.7 | 1.0 | 0.7 | 4.1 | 6.5 | 1.5 | 4.8 | 6.5 | 20.8 | 31.0 |
| With pellagra | 100.0 | 29.9 | 18.4 | 11.1 | 3.4 | 4.3 | 3.0 | 3.8 | 7.7 | 6.8 | 3.4 | 1.7 | 2.6 | 1.7 | 2.1 |
| With other somatic diseases | 100.0 | 53.2 | 12.4 | 5.6 | 3.8 | 3.3 | 2.3 | 1.3 | 5.6 | 3.9 | 1.6 | 1.4 | 1.2 | 3.0 | 1.3 |
| Manic-depressive | 100.0 | 19.6 | 5.6 | 3.1 | 2.9 | 2.2 | 2.1 | 1.9 | 7.1 | 8.8 | 6.0 | 4.0 | 3.4 | 12.2 | 21.1 |
| Involution melancholia | 100.0 | 11.8 | 9.0 | 6.6 | 5.8 | 4.7 | 1.5 | 1.6 | 7.4 | 10.6 | 6.3 | 2.1 | 2.7 | 9.7 | 20.2 |
| Dementia praecox | 100.0 | 4.2 | 2.0 | 1.4 | 1.2 | 1.0 | 0.7 | 1.0 | 4.1 | 8.2 | 7.1 | 5.4 | 5.3 | 17.4 | 41.1 |
| Paranoia or paranoid conditions | 100.0 | 2.5 | 3.5 | 2.5 | 1.2 | 1.0 | 0.7 | 1.2 | 2.5 | 5.5 | 5.5 | 4.7 | 4.2 | 16.9 | 48.0 |
| Epileptic | 100.0 | 5.7 | 2.6 | 2.6 | 2.1 | 1.5 | 1.6 | 1.1 | 7.0 | 10.8 | 8.6 | 6.4 | 5.9 | 21.3 | 23.0 |
| With mental deficiency | 100.0 | 2.7 | 1.9 | 1.9 | 2.4 | 1.4 | 1.0 | 1.0 | 6.8 | 13.3 | 8.2 | 8.2 | 4.8 | 18.1 | 28.3 |
| Undiagnosed | 100.0 | 28.9 | 6.3 | 3.9 | 2.8 | 1.9 | 1.3 | 1.5 | 5.9 | 6.7 | 3.3 | 2.8 | 1.7 | 7.8 | 24.9 |
| Without psychosis | 100.0 | 12.3 | 7.9 | 3.0 | 2.6 | 2.3 | 2.3 | 1.6 | 4.7 | 12.5 | 8.1 | 7.0 | 4.6 | 13.4 | 17.8 |
| Unascertained | 100.0 | 11.8 | 2.9 | 8.8 | 3.9 | 1.0 | 1.0 | 1.0 | 3.9 | 8.8 | 2.9 | 2.9 | 2.0 | 8.8 | 36.3 |
| Total patients | 100.0 | 16.3 | 7.2 | 4.7 | 3.8 | 3.2 | 2.5 | 2.2 | 8.4 | 12.2 | 6.9 | 4.4 | 3.3 | 9.5 | 15.2 |

* Per cent not shown for groups of psychoses with less than 100 patients.
** The percentages of cases, the length of whose hospital residence was unascertained are omitted.

## BOOK REVIEWS

THE PROBLEM CHILD IN SCHOOL. By Mary B. Sayles. New York: The Joint Committee on Methods of Preventing Delinquency, 1925. 287 p.

The discovery that the educator's business is teaching children instead of, or at least as well as, teaching subjects, is no longer new. The aphorism, indeed, is beginning to be a little stale. Consequently, it is coming to be time to look about a bit hopefully in the expectation that some of the educators may have heard of it. That this hope is not wholly groundless Miss Sayles' book reveals. "Narratives from the case records of visiting teachers", the author calls it, but the term "case records" is misleading; it conjures up visions of technical treatises by learned gentlemen who never heard William James' observation that water is $H_2O$, but it is also wet.

"Narratives in understanding what hard work it is being a child" would be a more fitting subtitle, for none of the book's rather more than ordinarily handsome typography goes to the dissemination of the technical jargon of clinical psychology. Miss Sayles and her colleagues in visiting-teacher work, from whose case records these narratives are drawn, are probably not given to thinking of themselves as torch bearers of a new education, but the plain fact is that behind the efforts which these stories reveal lies a conception the fundamental educational importance of which it is scarcely possible to overrate.

The child in school, no less than his parents and preceptors outside it, behaves in certain fashions as a result of causes of which he is himself only partially or not at all aware, and only as his teachers understand those causes is it possible for them to deal effectively and intelligently with his behavior. Stated thus, the antiquity of the proposition will escape no one, but the machinery for putting this simple observation into practice is by no means antiquated. In truth, few of us need go many miles from home to find schools in which there is not only no such machinery, but indeed no notion that it is possible or necessary.

This is the machinery the "visiting teacher" supplies, and examples of its working make up the major portion of the book. There are children who lie, children who steal, children who make themselves nuisances by the forwardness of their behavior, and children whose armor of shyness and reserve seems all but impenetrable. All of them are problems—"pests" the adult calls them—for they inter-

fere with the smooth running of homes and schools and similar adult institutions. Miss Sayles has plucked a score or more typical examples of such divers pests and has undertaken to show what can be done with them and for them. Not all the attempts were successful, but all of them reveal an intelligent effort to make of the school a place where children shall be assisted, as far as may be, in the complex and precarious and doubtfully valuable business of living.

To the examples, Mr. Howard W. Nudd, who is chairman of the National Committee on Visiting Teachers, has appended a chapter telling, in general fashion, what "visiting teachers" are, and why. Mr. Nudd's chapter suffers a little, as indeed it was bound to do, in competition with the intensely human records that precede it, but the soundness of its educational philosophy is satisfying. He recalls briefly the school's devotion to the giving of information and the measurement of intelligence and points out that "as a result, the school has with increasing efficiency imparted the 'tools' and the 'intellectual inheritance' of civilization [a remark which suggests that Mr. Nudd is either unnecessarily polite or an incurable optimist], but has failed to understand and to develop in equal measure those emotional or spiritual traits in the individual child which determine so largely whether he will make or mar the life he might fashion with these instruments of skill and insight."

From the point of view of a meticulous educational theory, we might quarrel ever so gently with Mr. Nudd's distinction between "tools", "intellectual inheritance", and "emotional or spiritual traits", but in a practical world where nobody can do everything at once, we need anticipate no misadventures as a result of a reasonable emphasis on an aspect of education which has, until now, been a very stepchild for neglect. Certainly it is high time that we applied to the care of maladjusted children at least as much intelligence and insight as we devote to the repairing of damaged Fords, and to the literature of such a movement this book appears to be a valuable contribution.

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Fitting the School to the Child. By Elizabeth A. Irwin and Louis A. Marks. New York: The Macmillan Company, 1924. 339 p.

The Visiting Teacher Movement. By J. J. Oppenheimer. New York: Joint Committee on Methods of Preventing Delinquency, 1925. 206 p.

Irwin and Marks have described one of the most significant ventures thus far carried on in a public school. Public School 64 was one of

the largest elementary schools in New York City, with a daily attendance of some 3,000 children. It was situated on the lower East Side of New York. The parents of the children were largely foreign born and engaged in a variety of occupations, with the clothing industry predominating. The school offered no particular inducements for striking out into new and distinctive paths, being overcrowded and necessarily conducted in a double session. The teaching personnel was similar to that in other public schools. Nevertheless, during the period of 1916 to 1922 there was attempted this experiment in fitting the school to the child. Toward this end various factors coöperated, including individual volunteers, the school staff, the staff provided by the Public Education Association, and various social agencies in the district. The experiment ended with a transformation of the school into a junior high school. The work, however, will be continued in other quarters, and there is evidence that one of its outcomes will be the establishment in New York of twenty-five elementary schools to serve as experimental centers.

The purpose that the school sought to realize was twofold: to diagnose the child upon his entrance to the school, and to provide for his education in the light of the facts thus revealed. Consequently the book describes a progressive differentiation in the school organization. The original situation was one in which "classes were graded upon entrance simply on the basis that the first comers made the first class. Finally, there were five rooms full of children, all learning the same thing presumably at the same rate from five different teachers." There were the usual number of failures and "left-backs" and the usual conditions of truancy, retardation, problem cases, and so forth, handled in the traditional manner.

The first developments in the direction of a better adaptation of the school to the child was the use of psychological tests for purposes of classification. The chapters *Development of Classification* and *The Teacher and the Psychologist* are full of suggestions regarding the uses of tests and the best methods of procedure. Not the least suggestive is the method described by means of which the active coöperation of the teachers was secured for new means of classification. The classes finally formed as a result of the psychological examinations were as follows:

"1. *Terman Classes,* for very superior and gifted children. A specially enriched curriculum is provided, the skipping of grades by bright children is avoided. The eight-year course is covered, without skipping, in six years.

"2. *Superior Classes,* for children of considerably more than

average intelligence. They have the regular curriculum, and usually complete the eight-year course in seven years.

"3. *Slightly above the Average Classes,* for children able to do the same work, but a little more intensively than the average, and occasionally to make an extra term.

"4. *Average Classes,* for children who deviate but little from the normal.

"5. *Slightly below the Average Classes,* for slower children who are not definitely backward. These children can complete the eight years in nine.

"6. *Opportunity Classes,* for children definitely backward, but not mental defectives. This group is most in need of a special curriculum. A beginning has been made in adapting the curriculum to its needs. The registers are smaller than in the average classes.

"7. *Ungraded Classes,* for children much below the average in mentality. Here the curriculum has been completely made over by those in charge of the Ungraded Department.

"8. *Neurotic Classes,* for children who are not mental defectives, but behavior problems, who are temperamentally peculiar or in need of a period of study and adjustment.

"9. *Classes for the Physically Handicapped,* including classes for children who are underweight and need special physical attention, and cardiac classes, for children of all ages who have heart trouble. Health is made the center of the curriculum. Home visits and mothers' classes are used to get necessary attention to construct health habits.

"10. *Foreign Classes,* for children of families newly arrived in this country. These classes were instituted in response to the need which arose when immigration was renewed after the war." (Pages 86–87.)

It will be seen that psychological testing is but the first essential step. To this must be added a health examination and detailed knowledge regarding personality and emotional make-up, home conditions, and so forth. Chapters VI to XII inclusive describe the organization of the curriculum and the teaching procedure designed for ungraded classes, the dull normal boy, the neurotic child, the gifted child, vocational counseling, and health education. With facilities of this broad character, each child finds a place in the school. Our authors state: "The easy solution of elimination had been abandoned at the outset. During the four years of the experiment no boy was sent to disciplinary school nor to any place of last resort. On the contrary, many children were sent to Public School 64 by other schools, both public

and private, and were frankly offered and accepted as extreme problems.'' (Page 24.)

Indeed, the chief contribution of the book is its discussion of the organization and conduct of the special classes mentioned and its suggestions for the examination and diagnosis of children who are candidates for these classes. One forgets that little is said about the 60 or 75 per cent of normal children who constituted the bulk of the children in the school. For these children, evidently, traditional methods of teaching and traditional subject matter remained unchanged. True, our authors sense the unsatisfactory character of the situation and in a chapter on the course of study they express disapproval of the prevailing system. This chapter reads like a polemic and abounds in vague generalizations which contrast with the concrete and detailed narrative in the remainder of the book. I do not forget that they describe an experiment conducted with one normal group of children which, at the end of a four-year period, ''fitted into the formal organization of the school without any academic dislocation''. Although this group accomplished seven terms' work in six, was considered more stable and better socially adjusted than the average fifth-grade child, ''read more widely, spoke more fluently and correctly, and asked more intelligent questions'', there is no indication that the school attempted any radical reorganization on the basis of the experiment. It seems clear that special classes are more easily secured than is a reorganization of the education of the normal child, no matter how clearly sensed may be the need for this reorganization.

Throughout the conduct of the experiment in Public School 64 the visiting teacher was indispensable. The success of special classes requires not only the consent of the home, but its active coöperation. The visiting teacher enters here to justify the placement of the child and to interpret to the home the purposes of the school. Moreover, in diagnosing the child, the visiting teacher supplies the school with a knowledge of the child's home and his general background; while in the case of the neurotic child particularly, the visiting teacher is irreplaceable as a medium of understanding between the school and the home. For this reason it is appropriate to mention in this connection, J. J. Oppenheimer's *The Visiting Teacher Movement.* This book is now published in a second edition under the auspices of the Public Education Association of New York. It is a survey of the visiting-teacher movement from the point of view of the educator. It traces the development of the movement from its beginnings in 1906 to the present period of rapid development. Dr. Oppenheimer shows that while social settlements in New York and Boston originated the work, it has now extended beyond the purely social-service

function and has adapted itself to the educational needs of all children. Three major factors have contributed to this enlarged conception:

"1. Social and economic conditions which include changes within the school.

"2. Modern social philosophy which is determining the purposes and objectives in education and child welfare.

"3. The development of methods of dealing with various types of maladjustments through the advance made in psychology (including mental hygiene), sociology, and social case-work." (Page 20.)

In Chapter III Dr. Oppenheimer discusses the problem of administration, the relation of the visiting teacher to the superintendent of schools, and methods of organizing the work of visiting teachers. In succeeding chapters there follow a survey of the relationships of the visiting teachers in various cities to the school agents and out-of-school agencies and a detailed discussion of the work of a visiting teacher and of the training and qualifications essential for the work. While the study emphasizes primarily the administrative features of the problem, it concludes with a number of case studies which illustrate concretely the types of problems with which a visiting teacher must deal.

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The Inheritance of Mental Diseases. By Abraham Myerson, M.D. Baltimore: The Williams and Wilkins Company, 1925. 336 p.

Heredity in Nervous and Mental Disease: An Investigation by the Association for Research in Nervous and Mental Diseases. New York: Paul B. Hoeber, 1925. 332 p.

These two books represent two rather different attitudes toward the problem of human heredity as considered especially in relation to nervous and mental diseases. The second volume, in so far as it deals directly with the subject of heredity, lays stress for the most part upon the attempted application of Mendelian principles to the study of transmitted disorders of the nervous system; indeed, by virtue of being to a large extent a compilation of the literature, it could scarcely do otherwise than reflect the attitude of the recent workers in the field—Rüden, Hoffmann, and others—who are in fact ardent Mendelians.

Dr. Myerson's book, on the other hand, maintains a reasoned skepticism in this regard; it does so explicitly in its very justifiable condemnation of some of the early American work attempted with a

Mendelian bias, and likewise by implication in that the recent work on the part of the German Mendelians receives a discussion limited to two pages. This skepticism—merely a provisional verdict of "Not proven" which these workers themselves would doubtless be the last to disavow—does not, accordingly, involve the casting of doubt upon the scientific value of the recent Continental work done under the Mendelian ægis, or upon the conservatism or critical attitude of those engaged upon it; still less does it signify an *a priori* assumption that Mendelian principles do not hold good throughout the range of heredity in man—for we have it on the authority of those who know something about the fundamentals of the matter that there is not any inheritance which is not Mendelian, since every example of inheritance *that has been sufficiently studied* has turned out to be Mendelian in character. To adopt, then, an attitude of agnosticism so far as the attempted application of Mendelian formulations to the inheritance of nervous and mental diseases in particular is concerned is merely to raise the very legitimate question whether the effort to explain the facts is not to some extent premature, in that its tendency is to outrun the facts in our actual possession—the question whether, to borrow Dr. Stockard's words, "we have enough definite data bearing upon the inheritance of diseases to warrant a discussion of them in the accurate and definite genetic terms which have been employed. It seems, rather", Dr. Stockard goes on, "that in regard to most of these diseases we are now in the stage of gathering and controlling the accuracy of records and must still look forward to sufficient definite data for comparison and estimate in definite genetic terms. It seems impossible at present to state, for example, that any one of the diseases mentioned is due to one, two, or more factors, dominant, recessive, or mixed. The results of desired matings and back-crosses in human stock are difficult to obtain and we are usually limited in our discussion of human inheritance, especially of disease, to very general facts and terms."

Every man according to his humor; but in any case Dr. Myerson is in good company in his lack of sympathy toward the premature attempt at interpretation on a Mendelian basis of the inheritance of entities so complex—and likewise so relatively ill-defined—in themselves as dementia praecox, manic-depressive psychosis, epilepsy. Indeed, it may not be amiss in this connection to mention parenthetically that left-handedness—a character, presumably, much simpler than, for example, dementia praecox—has so far defied exact analysis of this type; that coat color (in mice) has required the full resources of a laboratory of genetics for its elucidation on a Mendelian basis; and that—so Professor T. H. Morgan tells us—more accurate

determination of eye color in man than is furnished by mere inspection is requisite for the interpretation of its genetic behavior.

To look more closely into Dr. Myerson's stimulating and suggestive volume, of the two parts into which the book is divided, Part I occupies 100 pages in "outlining the situation in psychiatry so as to make it intelligible not only to the physician in general practice . . . but also to the biologist, the social worker, and the zealous layman of whatever work who finds the transmission of mental diseases a subject sufficiently important to claim his . . . attention". A clear and forceful statement of the various reasons why the term "insanity"—or any other term, such as psychosis, similarly implying the existence of "a unitary something"—is "useless and pernicious to psychiatry and to the discussion of heredity" very appropriately comprises the opening chapter. In the following chapter certain common mental symptoms are briefly defined "to make intelligible the use of the terms that will occur throughout the book".

Chapter 3—*Groups of Mental Diseases*—makes clear how uncritically a hereditary significance has, in the literature, been attributed to arteriosclerotic dementia as a mental disease, although its problem is that of arteriosclerosis, and to general paresis, although its problem is that of syphilis, neither of these mental conditions having its roots in heredity. Then follows a brief clinical consideration of the alcoholic psychoses, which leads inevitably to a discussion somewhat *in extenso* of alcoholism and of what its genetic significance may be. The author, in sum, believes it "quite likely that the alcoholism of a parent *may* be and often is of a type to be considered in the heredity of a patient with mental disease. In the majority of cases I venture to say it is not of such type."

In Chapter 4 the author is concerned with the problem of to what extent the existence of psychoneuroses in the relatives of patients with mental disease is to be given weight, and his own reply is "none"; for it is only because "the evidence the laws throw out as valueless—hearsay and conjecture—medicine, in the field of psychiatry, accepts as truth" that the term "nervousness" in a family history is accepted and made the basis of the naïve conclusion that "nervousness" is of hereditary importance in mental diseases. So far as the author's experience and observation are concerned, neurasthenia, psychasthenia, and hysteria in the ancestors play no part in the production of psychoses in the offspring, even though, as he notes in passing, these conditions may themselves possibly be hereditary.

Chapter 5 is devoted to epilepsy, and is largely given over to a brief survey of a part of the very extensive literature which purports to demonstrate the presence of an hereditary factor in the occurrence

of "idiopathic epilepsy" and which is for the most part, as Dr. Myerson makes clear, of very little value. Dr. Myerson believes it of rather crucial importance that multiple instances of epilepsy are rarely found in a given fraternity, this being not at all the case in certain types of feeblemindedness and in certain of the psychoses. In his opinion this fact alone strongly suggests that epilepsy "is mainly an affair of the individual and not of the stock—that it represents injury perhaps to a germ-plasm, and certainly to the individual, whether that injury be pre- or post-natal". At all events, the hereditary factor in epilepsy has not been proven to exist.

In the succeeding chapter, on feeblemindedness, Dr. Myerson sits in the seat of the scornful to even better effect than in any other portion of his book, particularly in his description of and comments upon the "field work" that has been so uncritically expended upon "feeblemindedness". He utterly disbelieves—and gives trenchant reasons for his disbelief—that mental deficiency "is a menace to the world because it is strongly hereditary and because the feebleminded are prolific beyond the normal". On the contrary, he is of the conviction, which he feels is becoming widespread, that those cases of feeblemindedness which are actually familial originate in reality in injury to the germ-plasm from without. In the final chapter of Part I the author gives a brief account of five important mental diseases—dementia praecox, manic-depressive insanity, paranoid psychoses, involution diseases, and senile dementia. This account, covering fourteen pages, he summarizes by stating that in all periods of life there occur three main types of mental disease—the paranoiac, the dementing, and the (mainly) depressive. Since these may appear at any period of life, it is the author's tentative hypothesis that, whatever may be the cause of these several conditions, the less resistant individuals develop them early, others more resistant survive until the changes of the involution period, and still more resistant individuals develop them only late in life. He believes this conception to be of assistance in the interpretation of his own data upon the familial occurrence and transmission of mental disorders.

If Part I is in some respects less successful than the remainder of the book, it is probably because of the somewhat heterogeneous audience which the author evidently had in mind in writing it. Thus he works mainly in black and white, without much attempt at light and shade; a number of statements have the quality of an *ipse dixit* which is in all likelihood unintentional with the writer and does an injustice to his real attitude; and at times the impression is given that, like Sir Andrew Aguecheek, he has no exquisite reason, but he has reason good enough.

Part II opens with the presentation of Dr. Myerson's own data, gathered from among the 22,300 admissions (representing about 16,000 individuals) to the Taunton State Hospital from its founding in 1854 to January, 1916. Of these 16,000 patients, 1,547 were related to one another, and these 1,547 represented 664 families. Of the 664 families, one was a four-generation family, 23 were three-generation families, 333 were two-generation families, and 307 were one-generation families—*i.e.*, consisting of siblings, of collaterals, or of both. With regard to the single four-generation family reported, the author notes it as remarkable that no other investigator has been able to adduce a family with other generations of hospital cases, although other hospitals are older than Taunton and other communities are as settled; "not many cases of four-generation mental disease can be adduced because it is rare for mental disease to last four generations in any one group". With regard to the two-generation families, it is interesting that the father-son relationship, the mother-son relationship, and the father-daughter relationship occurred about the same number of times (55, 56, and 59), but the mother-daughter relationship occurred half as frequently again (80 times); and Dr. Myerson calls attention to the importance, in conjunction with this phenomenon, of the greater marriage rate among insane women—as his own data amply indicate, even in the case of dementia praecox—in determining the preponderance of insane women. Follows the presentation in fairly full abstracts, with some critical comment, of twenty-two of the three-generation families and of sixty-five of the two-generation families—the latter divided into eight groups according as the parent exhibited a paranoid type of psychosis, dementia praecox, manic-depressive insanity, a psychosis appearing at the involutional period, organic disease of the brain, or a psychosis appearing in the senium.

Upon these cases (and the others not here cited) is based Dr. Myerson's solution of the two "simple clinical problems" which he has set himself: (1) "If an ancestor, a parent, have a mental disease of a certain type, what type of mental disease is likely to appear in his 'insane' descendant?" (2) "If a brother or a sister have a specific type of mental disease, what type of mental disease will another brother or sister be likely to have, on the basis of asylum cases?" With regard to the first of these questions, it is Dr. Myerson's finding that (1) given paranoid disease in the ancestors, dementia praecox or a paranoid condition in the descendants has followed; (2) dementia praecox is followed in the great majority of those cases where insanity occurs in the next generation by dementia praecox; (3) manic-depressive insanity usually gives rise to the same psychosis, but also not infrequently to dementia praecox—while it gives rise less often

than does the latter psychosis to mental deficiency, epilepsy, and so forth; (4) psychoses occurring during the involution period or in the senium tend, if paranoid, towards paranoid states and dementia praecox; if of the manic-depressive type, towards manic-depressive insanity and perhaps dementia praecox; if of the type of "late dementia praecox", toward dementia praecox.

With regard to the second problem, Dr. Myerson's material consists of forty-five sibships in which definitely diagnosed dementia praecox was present in all those members who came to the hospital, five in which manic-depressive insanity was present in all members (with two additional doubtful instances), four of senile or involutional psychoses in the same generation, three of alcoholic psychoses in the same family group, and twelve of miscellaneous cases. From these fraternities it appears that in the great majority of instances the psychoses in brothers and sisters tend to be the same, for in only ten, some of them of doubtful diagnosis, were the psychoses dissimilar. "It will thus be seen that brothers and sisters are more alike in types of mental disease than are parents and descendants. This is of course what one would expect, for there is a greater similarity biologically (and socially) between members of the same generation than between members of two generations."

In the remaining fifty pages, which are perhaps the most interesting in the book, Dr. Myerson seeks an answer to the question whether there exists "trustworthy evidence that what injures the individual may injure his germ-plasm and thus injure the race"; marshals the evidence in this direction which has come to light through the notable experiments of Stockard, Frankel, Tower, and Guyer and Smith (although he does not mention that certain objections have been raised by biologists against the work of Tower and of Guyer); and offers it as an hypothesis that *"blastophoria"*—injury to the germ-plasm whereby the paternal germ cells are altered in their development through outer influence—may be a factor of no small importance in the inheritance of mental disease—a factor which is at any rate, and on several grounds, deserving of more attention in any attack upon the problem of heredity in mental disease than it has received in the past. For the germ cells, although undoubtedly stable, conservative, tending to resist change, are not invulnerable, "not so sacrosanct that they are insusceptible to influences which affect the body at large". And since there is no germ-plasm which is not to at least some extent subjected to environmental influences—"environment is constantly bombarding germ-plasm"—it is at least logical to consider seriously whether some cases of mental disease, for example, may not be due to deleterious influence upon the germ-plasm from without—

what particular influences may chance to be blastophoric and what may not, being another question—rather than to "pure heredity". Moreover, "if we too readily assume heredity of an inevitable kind as cause, the result is a paralysis of investigation, for any fundamentally fatalistic doctrine inhibits research and study. But if we say that the environment, in some of its forms, as toxin, infection, and lowerer of vitality, acts in a blastophoric way, we are stirred to research and study, and results must follow."

And this sums up, as well as a few words may do, Dr. Myerson's chief message. After a thoughtful and critical consideration of his own observations, together with a well pondered regard for the value and the defects of the works of others, Dr. Myerson comes to this general conclusion, as we understand it: There are *some* cases of certain mental disorders which appear to be hereditary in a strict sense—where the disease is present in three generations, where it appears in uncles or aunts and in nephews or nieces, and in some instances (but perhaps not in all?) where it occurs in parent and offspring; but there are even more numerous examples which can less readily be attributed to "pure heredity"—where the disease occurs apparently *de novo,* even perhaps where a parent and a single offspring are affected. It is these cases, perhaps capable of another interpretation — at least inviting another interpretation — that Dr. Myerson regards as worth investigating from the standpoint of the already well-attested phenomenon of "blastophoria"; such investigation being at least preferable to the unfounded supposition that because some cases of a given disorder are hereditary, all cases are, or to the equally unjustifiable assumption that a given mental disease in a given individual represents a transmutation of some neuropathic or non-neuropathic condition in the parent or some other member of the family. A dynamic and thought-provoking attitude toward the entire problem is what Dr. Myerson offers. But he would be the last to blind himself to the fact that even with hackneyed and purblind preconceptions and uncritically accepted misconceptions cleared away, there is no royal road to the solution of perhaps the most complex problem in the realm of biology; for "that long and arduous studies await us before we can even prepare to understand the problem of family mental disease needs no argument".

The volume concludes with a bibliography of 221 titles, only a few of them later than 1921. An index is provided.

We may add that the book is extremely readable, although Dr. Myerson's diction is notably uneven in quality, at times quite lacking in distinction or even dignity. It may perhaps be pedantic to question Dr. Myerson's authority for his spelling of "blasto-

phoria''; in the literature the word invariably occurs as *blastophthoria,* as indeed would necessarily be so in view of its derivation from *βλαστός, germ,* and *φθορά, corruption.* It is unfortunate that the book should be marred by numerous and serious misprints, averaging nearly one to a page; it is, moreover, suitably ironical that the very sentence in which the publishers extol their blemishless mastery of the *ars typographica* should be grossly misset.

The third volume of the Reports of the Association for Research in Nervous and Mental Disease deals with the subject of heredity in the field of neuropsychiatry as presented at the congress of the association held in December, 1923. Inevitably the essays which make up the volume—some of them since reprinted in the *Archives of Neurology and Psychiatry*—are somewhat heterogeneous in content and almost too conspicuously unequal in interest and value. On the whole, however, they provide interesting reading to those who may find pleasure in the more technical and also speculative aspects of the subject—phases which, it will be noted, are passed over almost entirely, although for good and sufficient reasons, in Dr. Myerson's volume. It may be added that the emphasis is neurological rather than psychiatric.

Some general considerations are presented by Dr. Dana, among these certain concepts fundamental to the Mendelian scheme. These strike the reviewer as being too compressed to be readily intelligible to one who knows little or nothing of the matter, and unnecessary to those already moderately versed in the subject. Certain biological first principles are elaborated at suitable length by Dr. Metz in his essay, *The Cellular Basis of Inheritance.* Dr. Barker discusses briefly the rôle of consanguinity, race, and endocrinopathies in the production of heredo-degenerations of the nervous system. Chapter I is somewhat disappointing in that it contains little which, if not already known to the reader, could not be found better presented, because unhampered by enforced brevity, elsewhere.

In Chapter II Dr. Jelliffe contributes a recondite and—need one add?—suggestive essay on the parts of the central nervous system which tend to exhibit morbid recessive or dominant characters. It is an attempt ''to get a glimpse at some 'diseases' due to definitely comprehended hereditary factors''—that is, the structural involvements underlying the heredo-degenerations of the nervous system—although ''the goal lies quite a distance ahead, when clinico-anatomico-pathological findings are coördinated and may be ranged in line with ontogenetic and phylogenetic correlations''. After discussing in some detail, apropos in particular of multiple sclerosis (Brouwer), the well-established fact that the phylogenetically and ontogenetically younger,

more recently acquired, parts of the central nervous system are less resistant to noxious agents than the older, with the "logically valuable" corollary that the latest added structures are the most susceptible to modification in heredity, Dr. Jelliffe discusses the structural representation of the hereditary factor in the case of Huntington's chorea and myoclonus epilepsy (although in both of these "almost nothing is known relative to the structural factors"), dementia praecox (in which Dr. Jelliffe subscribes to the viewpoint of Josephy regarding histologically demonstrable cortical and pallidostriatal changes in that disease), amaurotic family idiocy, the heredoataxias of various types, the spastic paralyses, myotonia congenita (Thomsen's disease), and the muscular dystrophies. Weitz, as a result of his analysis of the last-named group, "comes to the position already mentioned, that genetic study affords definite criteria for establishing specific idiotypes, and helps us, somewhat, out of the morass of a single group of the heredo-degenerations as conceived by Jendrassik, Bing, and others". The essay concludes with a bibliography of 22 titles which have been cited in the text.

Dr. Cornwall and Drs. Winkelman and Eckel present brief papers on the pathological characteristics of a number of neurological disorders. Dr. Wilmer discusses the rôle of heredity in optic atrophy and retinitis pigmentosa, and Dr. Sachs the same topic in relation to amourotic family idiocy. Dr. N. D. C. Lewis considers the pathology of the extra-neural systems in hereditary neuropsychiatric diseases. An excellent, brief, but rather comprehensive résumé of, for the most part, recent work in the psychiatric field is contributed by Dr. Barrett, who is perhaps a little too hospitable toward some of the work which he cites. This is perhaps particularly true in regard to epilepsy, of which Dr. Jelliffe had remarked—it would appear to the reviewer quite rightly—that he would reject entirely most of the work heretofore done in that field. The article concludes with a valuable bibliography of 37 titles. Dr. Orton presents a consideration of the pathology of a number of hereditary and familial nervous and mental diseases—the heredo-degenerations, the lenticular degenerations, amaurotic family idiocy, epilepsy, and hypophrenia—discussing these from the standpoint of the three "main pathological moments": agenesis (defective quantitative development), paragenesis (qualitative structural differences or positional misplacements), and catagenesis (regressive or degenerative changes, as produced through the medium of inanition, intoxication, or senility).

The outstanding contribution to the symposium is undoubtedly that of Dr. Stockard, who calls attention to certain fundamental considerations easily lost sight of amid the complexities of the human

situation, and who outlines his own experimental work on the influence of external factors upon the germ-plasm. Dr. Stockard makes it clear that in order that a defective condition shall be classed as hereditary, "it must be directly due to the bad quality of either the egg or the sperm, or both of these cells, from which the individual originated, and has not been produced by any unfavorable condition acting upon a good germinal combination during that individual's development"; for, on the other hand, "many defective and diseased structures are the result of abnormal development on the part of a zygote which arose from perfectly normal germ-cells". The *type* of defect environmentally produced is largely independent of the causative environment. What underlies the type of defect in an essential and determining sense is "*a change in the rate of development* or rate of life processes in the embryo"; hence "the type of deformity induced in the early embryo is independent of the treatment used, but depends upon the state of development during which the treatment acts". Since the nervous system is the largest system in the early embryo, "it therefore follows that any injurious or unfavorable environment that acts upon the individual during any of its developmental periods may find some portion of the central nervous system in a modifiable stage and for these reasons defective conditions of the nervous system are necessarily common as a result of poor or faulty developmental environment, entirely aside from all hereditary defects". And it is interesting to note that experimentally there may be demonstrated "a difference in the resistance [to noxious agents] and developmental power of two parts as closely alike as the right and left eye".

The question whether similar conditions of disease and degeneracy may be entirely germinal or hereditary in origin Dr. Stockard has attacked by means of a continuous experiment of thirteen years' duration upon guinea pigs treated with the fumes of alcohol to the point of intoxication. It was thus shown that "the alcohol affects the germ-cells in some way in spite of the fact that no deleterious effect on the body or life of the treated individual is discernible". "This change in the germ-cells gave rise to generations of individuals inferior in quality to the control. But also after several generations the individuals of these treated lives actually became superior to the control . . . The treatment only injured a portion of the germ-cell population and was not severe enough to injure the most resistant germ-cells, so that each generation of progeny is derived from a mixture of injured and uninjured cells. The uninjured ones were actually the best or most resistant germ-cells of the original group. . . . In any case the injured individuals are eliminated after several

generations and the superior uninjured group remains." It is important, as Dr. Stockard notes, that "no new character or mutation has been brought about and no single old character has fallen out". The action of the noxa employed has not been specific to any given gene within the chromation of the germ cells, but has been general, "affecting more the constitution of the hereditary material as a whole and producing a subnormal condition which has lowered the quality of development and brought about slow arrested individuals" having the numerous defects of the eyes and the central nervous system which Dr. Stockard has shown to be characteristic of any modification in the rate of embryonic development.

These, in extremely bare outline, are the facts established by a brilliant piece of biological research. Let us repeat that in our opinion it is to Dr. Myerson's credit that, as a part of his contribution, he has asked us only to keep these fundamental and perhaps in some instances crucial facts in mind in our consideration of so-called "heredity" in nervous and mental diseases.

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The Mental Growth of the Pre-school Child; A Psychological Outline of Normal Development from Birth to the Sixth Year, Including a System of Developmental Diagnosis. By Arnold Gesell, M.D. New York: The Macmillan Company, 1925. 447 p.

This book is an outstanding scientific contribution to applied behavioristic psychology in general and to the study of the development of the pre-school child in particular. It is an excellent application of the comparative method of research in human behavior. It argues for a clinical, descriptive extension of this method, as opposed to the psychometric method, in the practical application of its research data in medical and psychological clinics. It presents valuable normative data on pre-school children gathered during a six-year period at the Yale Psycho-Clinic.

The introductory chapters, which comprise Part I of the book, contain, first, a brief presentation of the significance of the pre-school period, discussed from the medical, mental-hygiene, and social-administrative standpoints; second, an excellent theoretical statement of the relation of development to duration, in which the author estimates the developmental value of any time unit by the placement of that unit in the life cycle, and deduces from Minot's biological interpretations a system of mental-developmental units; and, third, a description and criticism of methods of systematic approach to the

study of developmental psychology, which are (1) the observational biographical method, (2) the questionnaire method, (3) the experimental method, and (4) the psychometric method.

Part II embraces the description of methods of procedure for the selection and examination of children in this survey, and the presentation of norms of development. Through a careful method of securing a representative, unselected sample of pre-school children, fifty cases were examined at each of the following ages: 4, 6, 9, 12, 18, 24, 36, 48, and 60 months. The method followed clinical rather than rigid laboratory conditions. Psychological examinations were supplemented by analytical interviews with parents concerning the child's home behavior. The results were codified into a set of "developmental schedules", containing in all as many as 150 normative items. The term *item* rather than *test* is used because, though many items are tests with strictly standardized procedure, others are dependent upon less controlled observation or upon inquiry and so do not deserve the designation of the term *test*. Description of materials and apparatus and directions for procedure are fully presented. Letter ratings are assigned to each item, based upon the frequency with which the item was found in the studied cases. For example, the item, *copying a circle,* is designated in the text as 24+, 36 B, 48 C, meaning thereby that from 1 per cent to 19 per cent of 24-month-old children, 65 per cent to 85 per cent of 36-month-old, and 85 per cent to 100 per cent of 48-month-old children were found to be able to make this performance. Letter ratings rather than numerical expressions were employed to avoid the disadvantages of over-precise formulation. This is a point that is stressed throughout, as the author objects to the rigidity of psychometric methods, and the defense for this is made in the last part of the volume. The 150 normative items have been edited and grouped into four fields of behavior: *motor,* including items relating to muscular capacity and coördination; *language,* including vocalization, speech, and auditory comprehension; *personal-social,* involving items of social experience and personality traits; and *adaptive behavior,* concerning general capacity to exploit the environment or to make adjustments to imposed situations. A large number of photographs of children in some form of action are reproduced and arranged in a normative series for practical use as an instrumental aid to classification.

A background for the clinical application of the comparative method of approach is provided by Part III. The continuity of behavior development from pre-natal life onward is emphasized. An excellent chapter, entitled *The Fœtus,* summarizes what is known of pre-natal neural development and leads directly to a discussion in the next

chapter on the first month of extra-uterine life, in which the differences between pre-natal and post-natal existence are minimized. A description of behavior a few hours after birth is contrasted with the remarkable development the infant undergoes in a fortnight. The developmental status of one month is illustrated by a group of 18 action photographs and described by a detailed record of one full day of activity. The comparative development of two months and six months is made by use of a graph showing the diurnal activities of each age level distributed into the following time units: sleep, nursing, quiescence, emotional activity, motor activity, vocalization, experimentation. Another chapter is devoted to a sketch of the general course of development in the four major fields of behavior outlined above, in which a description of language development is particularly objective and quite complete.

Then follows a group of eight comparative studies of children covering fifty pages. Sixteen average pre-school children in eight pairs of ascending ages were brought to the clinic on eight consecutive afternoon sessions and comparative observations were recorded on the following age pairs: four months versus six months; six months versus nine months; nine months versus twelve months; twelve months versus eighteen months; eighteen months versus two years; two years versus three years; three years verus four years; four years versus five years. These studies are inserted to illustrate the comparative method of observation as well as to provide a dynamic record of differences in the developmental periods. From them the author arrives at some general observations: (1) a law of contrast apparently governs clinical perception and judgment, and symptoms take on definition only when seen in terms of a higher or lower level of development; (2) though personality factors condition reactions to "impersonal" stimuli used in a clinic, there are characteristic and prevailing tendencies in these overt responses which are broadly conditioned by the maturity of the nervous system; (3) in every comparative examination the older child gave a convincing impression of greater maturity of personality make-up (more serious, sedate, and deliberate and less at the mercy of the environment); (4) there is a steady growth in the consciousness of other persons and accompanying this of the child's own private personality sense; (5) the teachability of the older children becomes more apparent in their comparatively high degree of conformance and conformability to their elders and it is possible that we run a hygienic risk when the schools are permitted to over-exploit this very teachability.

For applications of this comparative method of observation, the

following problems are suggested for research: (1) developmental correspondence in twins; (2) precocity and superiority; (3) retardation and inferiority; (4) developmental peers of incongruent ages; (5) social and racial factors of development; (6) increments of development; (7) conditioned development; (8) developmental symptoms of disease and disability; (9) developmental sequelæ of disease and trauma; (10) personality make-up. Separate chapters with some comparative studies are devoted to the first three of these problems.

The details of specific clinical procedure for the application of the developmental schedule are contained in Part IV. The normative items are arranged in age levels and suggestions are made for recording results. The point of insistence that prevails throughout is that objective measurements must be supplemented with clinical judgment. The schedules provide for approximate estimates of developmental status in terms of age level, but they do not permit of psychometric evaluations. They are designed as instrumental aids for arriving at comparative judgments. The final estimate is to be made by a process of inspection and evaluation in terms of the total behavior picture and the examiner's own normative standards.

The book will be of immediate practical value to pediatricians, psychiatrists, psychologists, and to child-guidance, child-placement, and adoptive agencies. There is no doubt that it will stimulate research.

E. K. Wickman.

*The National Committee for Mental Hygiene Demonstration Child Guidance Clinic, No. 2.*

The Decroly Class: A Contribution to Elementary Education. By Amélie Hamaïde. Translated from the French by Jean Lee Hunt. New York: E. P. Dutton and Company, 1924. 318 p.

Education to-day, as many recognize, is in an experimental stage. Many modern methods—the Montessori method, the Dalton plan, the Howard plan, the project method, and other active methods—are all more or less consciously experiments. One of the great problems involved is the question how far the education of children can wisely be self-education, auto-education, as the English call it. How far is it safe to let children choose their own tasks, work in their own way, take responsibility for the work they do—in general, how far is it wise to give them freedom? None of these experiments is perhaps more interesting than the Decroly class.

Decroly is a distinguished Belgian psychologist, a disciple of Binet,

interested for many years in intelligence tests, a student of defectives, but now concerned more perhaps with the training of the normal. His schools in Belgium, of which there are now a dozen or more in Brussels, form an experiment well worthy of study.

The significance of his method, we learn from the translator, is not merely that it is based on the principle of freedom, recognition of the child himself, his own activities and interests, but also that it aims from the start to give scientific training. From the beginning of school experience, the children engage in constructive activities, assembling, classifying, and comparing data on the levels of their interests and abilities. They generalize, however, on the facts of first-hand observation, and are concerned with fundamental relations. This represents a sort of "grammar of science", in terms of the elementary school.

Jean Lee Hunt, who translates the book, calls attention to the similarities and contrasts between the Decroly teaching and the project teaching of the American schools, and recommends study of this Belgian project method to American teachers. Among the distinctive features of the Decroly method are the flexible curriculum, the primary concern with the facts of the present in the early years, the large proportion of subject matter drawn from the biological and physical sciences, the emphasis on the subject matter, and the elimination of separate studies.

The following paragraph from the translator's preface illustrates the significant emphasis of the book:

"Perhaps the most significant contribution of the Decroly plan, then, is the serious attempt it includes to afford children experience in the elements essential to this type of thinking, with all that it implies for individual attitude and human progress. In one of his memorable 'Conferences at Anderlecht', Dr. Decroly speaks of 'organizing the environment, the activities, the influences of imitation in a way to develop the most important habits, notably habits of working joyfully and collectively'. If we are ever to secure more general appreciation of scientific thinking and the scientific attitude of mind, it would seem we must accomplish it in some such way as this, in the early years and under joyous and social conditions."

Thus the teaching in the Decroly classes may be looked upon as an experiment in mental hygiene as well as education; and this book is an important contribution for those who are concerned with mental health and the healthful mental development of normal children, as well as for teachers and educators.

William H. Burnham.

*Clark University.*

THE SOUL OF YOUR CHILD. By Heinrich Lhotzky, translated by Anna Barwell. New York: Dodd, Mead, and Company, 1924. 165 p.

Some of the white-haired grandmothers and grandfathers whom we know have such love and sympathy for children that they can usually look at things from the little ones' point of view and therefore show an insight into the whys of childish conduct that rivals that of the trained student of child psychology. A rare mother or father has this disposition to learn from the child what the way of his development should be, but business or "social" ambitions generally push the child to the edge of incidentals in the bustling life of the parent.

Lhotzky is one of these unusual parents who find time in spite of an exacting occupation to observe their children and enter into fellowship with them. Out of his experience with his nine children, he writes an inspirational book designed to help other parents get a better perspective on their duties and opportunities in the years when their children are small. Yet like the grandparents who surprise us with their understanding of the needs of eager-spirited mites, Lhotzky now and again tumbles our admiration to earth by slurring over those principles of child guidance that need clearest enunciation and stressing points that are fundamentally askew, while skipping altogether some of the most significant facts.

With unwarranted dogmatism the mother is warned of the effect of her emotions on the life attitude of her coming child; and a naïve explanation is made of the low birth rate of those people who would have most to share with their children in intellectual and material resources. The advantage of having at least three or four children, because of the training they naturally give each other, is emphasized. Genial, sensible advice is given about the treatment of the infant, including the rational way of meeting childish troubles, whether they be bumps on the head or outbursts of anger.

Any parent who has come in contact with a modern doctor will look with skeptical eyes on the book after reading in it that "teething is an illness often greatly feared, and not without reason". Yet here is much that is of practical help in bringing up children according to the teachings of modern psychiatry. To soothe a child, give him time to compose himself and quiet down, which is most effectively done if his thoughts can be pleasantly diverted. Do not protect the toddling child from all risk, but, all unnoticed, keep a watchful eye, lest he run into too great dangers; and when he hurts himself, do not pity him overmuch, but teach him to swallow his tears and com-

fort him simply and naturally. His youthful inability should never be treated with contempt. What is commonly called naughtiness in children is usually nothing but the inconvenience caused to older people by the very nature of the child. Do not make the clumsy mistake of slapping or beating your children; blows set free premature sexual feelings. Never try to force a child to an action as long as any excitement upsets your mind or the child's. He must never have his will broken; on the contrary it must be strengthened to its utmost capacity. It is no easy task for a child to accommodate himself to the conditions, in great measure perverted and unnatural, with which his unconscious growing nature is brought into contact, especially in the more highly educated classes.

In detailed and sensible fashion Lhotzky tells how obedience is to be maintained and the inevitable childish revolt handled without loss of dignity to parent or child, and suggests the best course for parents who have already prevented their child's giving them obedience. Fear is relegated to the dust bin, but with it goes all precaution against contagious disease, to the tune of the misstatement, "The air is, at all times, filled with deadly germs"; and we are left with one little tag end of fear on our hands in the vague phrase, "Fear God", that is to be hung on our children's necks. The importance of confidence and comradeship between parent and child is dwelt upon, although comradeship is spoken of as benefiting only the parent. A clash of opinions between parent and child is natural, but Lhotzky remarks that grandchildren are apt to swing round to the positions of their grandparents with just a slight forward movement. This is at least a comfortable doctrine for parents who agonize over the perversity of their children, since they may look forward to being better understood by the second generation.

The author's stressing of the recapitulation theory is surprising in its definite and extended dogmatism and amusing when he calls childhood the remembrance of humanity's paradise, from which Nature must expel the growing youth at the cost of keen suffering that develops strength.

The keynote of the book is the preparation of the child for full independence by helping him to control himself. From very early years he is to have as much freedom as he can manage. But we receive a strange injunction never to give the reasons for our demands to a little child, lest we lose his respect.

The imparting of sex knowledge is deftly treated, except that the age of ten years seems rather late for the starting point.

If negative exhortation is ever of much value, the few pages on what parents ought not to do should be read occasionally by every

parent who is not too smug to feel a twinge of self-accusation when hit fairly between the eyes.

Very un-American are the author's references to social classes, social planes, and the wisdom of turning one's hand to the nearest work and influencing one's children to do the same in selecting their calling in life, but the accompanying statement of the need for moderation in ambition suited to the capabilities of the child is a dose of bitter medicine that should perhaps be taken regularly by every parent in this Land of Get-ahead, for it is almost a specific for the emotional dissatisfaction and feelings of inferiority popularly grouped under the caption Americanitis.

The precocious child is put into his proper place as an exhibition of childhood sacrificed to mistaken parental pride. The relations of home and school with the beginnings of formal education are carefully taken up and treated for the most part with appreciation of the basic problems involved, though the chapter sets off under the shadow of a peculiar paragraph about the second teeth, which makes the startling announcement that their coming betokens the readiness of the child for his schooling.

From the title right through the book runs a line of simple talk on religion in its broad aspects, culminating in the final chapter, *The Child and Religion.*

Any one whose knowledge of the findings of psychiatry enables him to tell where to follow and where to ignore Lhotzky's directions will get enough concrete help from *The Soul of Your Child* to pay for the room it takes up on his work shelf, so long as he is having practical dealings of any sort with children—whether as social worker, teacher, or parent. As for its being a book to recommend to parents, one may be sure it will be read with keen attention by the majority of those who are not antagonized by its religious emphasis; so clear and popular is its form that nobody will have difficulty in understanding it, and so slight are its divergencies from scientific pronouncements as they stand to-day that one who suggests it to an "average parent" may feel less responsibility for introducing misconceptions than if he were casually to name a heavier book of scientific accuracy which would be open to serious misunderstanding by the unprepared reader. GLADYS HOAGLAND GROVES.

*Needham, Massachusetts.*

THE PRACTICE AND THEORY OF INDIVIDUAL PSYCHOLOGY. By Alfred Adler. Translated by P. Radin. New York: Harcourt, Brace, and Company, 1924. 352 p.

In rendering available for those who are not fluent readers of

German this companion book to the author's *Neurotic Constitution,* Dr. Radin and the publishers have performed a service to psychopathology. To those who are interested in the contributions of abnormal phenomena to the understanding of mind, and to those who are preoccupied with the ever-widening field of remedial work among the mentally disordered—problem children, delinquents, "neurotics", "psychopaths", criminals, and the more obviously ailing—to each such worker, this book is recommended, not for spare-time reading, but for close and critical study. Such perusal of it will reward the effort. An effort is required, however, for the book is a but poorly coördinated group of twenty-eight essays, of varying degrees of merit, with no little repetition and some difficulties of style that prohibit ready digestion.

Dr. Adler, while often spoken of as a psychoanalyst, long since broke away from the Freudian formulations and elaborated in *Individual Psychology* a theory and practice of psychotherapy quite unlike that of the orthodox school. Dr. Freud has "never denied him the testimonial of having a superior mind, especially endowed speculatively", and explains his defect and defection on the basis of his "slight talent for the estimation of the unconscious material"—whatever that may connote.

Our author became known in American professional literature through the translation of his *Study of Organ Inferiority and Its Psychical Compensation.*[1] It is not uncommon to hear that his psychopathology is one that stresses the organ-inferiority basis of mental disorder. This is an error. While he has been deeply interested in this aspect of human life, his notions are to the effect that[2] "inherited inferiorities of gland or organ, if they make themselves felt psychically, [are] . . . inducive to a neurotic disposition—*i.e.,* if they caused a child with some inherited stigma to feel a sense of inferiority in relation to his environment. The decisive factor in such a case would be *the situation* in which *the child* finds itself and its personal appraisement of this *position,* with its natural infantile errors. . . . The neuroses show themselves to be not so much disposition as *position* diseases." (Page 79.) "They show the secondary nature of constitutional organ-inferiority and the primary nature of psychogenic factors. . . ." (Page 80.)

In 1916, there was published a translation of *The Neurotic Con-*

[1] Translated by Smith Ely Jelliffe, M.D. New York: The Nervous and Mental Disease Publishing Company, 1917.

[2] In the quotations hereafter, the author's italics have not been followed. Italics, when used, are for emphasis in this review.

*stitution*[1] in which the author summarizes a detailed study of character traits in the conclusion that "man's character-traits and their principal function in the life of the individual are manifested as expedients, in the nature of guiding lines for the thinking, feeling, willing, and acting of the human psyche. . . . They are brought into stronger relief as soon as the individual strives to escape from the phase of uncertainty to the fulfillment of his fictitious guiding idea. . . . Want and difficulties of life lead to alterations of character, so that only such constructions find favor as stand in harmony with the individual's ego-idea . . . , the guiding fiction." Since we all see individuals who certainly sustain want and many difficulties of life without undergoing material alteration of their psychopathic character, we turn to the nature of this "ego-idea" or "guiding fiction" which, if our author's statement is correct, must in such cases take marked precedent over reality. Consideration of this "fictitious guiding idea" brings us immediately to Adler's notion that "the person under observation would not know what to do with himself were he not oriented towards some goal. [Page 3.] . . . Every psychic phenomenon, if it is to give us any understanding of a person, can only be grasped and understood if regarded as a preparation for some goal . . . the goal of a psychic movement or its life-plan. . . . The properly understood part-movements must, when combined, give the picture of an integrated life-plan and final goal." (Page 6.) "An individual's life-plan and life-lines can be determined from his attitude towards life, towards society, towards the normal and necessary problems of communal life, his plans of obtaining prestige and the nature of his group consciousness." (Page 100.)

This situation "holds equally for the healthy and diseased. What distinguishes the nervous from the healthy is the stronger safeguarding tendency with which the former's life-plan is filled." (Page 7.) "The neurotic and psychotic psychic life [shows] the *fixation* upon a guiding fiction in contrast to its absence in the healthy man, who regards his ideal 'guiding principle' as giving an approximate orientation, and to be used as a *means* only." (Page 100.) "The recurrence [in them] of generalized human traits, although without inward adjustment and in an intensified degree, should impress us again with the fact that both neurosis and psychosis are not far removed from the essence of psychic life, that they are indeed but *variants* of it." (Page 103.) "The neurotic fixates a symptom by

[1] Translated by Bernard Glueck, M.D. and John E. Lind, M.D. New York: Moffat, Yard, and Company, 1916.

identifying himself with it if it suits his purposes. . . . Similar things are found among normal people under normal conditions." (Page 296.)

"The concept of purpose includes within itself the teleological problem." (Page 126.) "Not the slightest trace of a predetermined autochthonous teleology is to be found in this [neurotic] *modus vivendi*. . . . The neurotic life-plan is maintained and teleologically arranged only by the urge towards superiority, by the careful evasion of dangerous-looking decisions, by previously tested wanderings along a few clearly determined lines of direction." (Page 41.) "It is an easy matter to understand the mental habits of men who have become useless if we suppose that their uselessness is a persistence of something they have brought with them from the nursery." (Page 320.) "The motive power of the psyche is not desire for knowledge, but the feeling of specific inferiority and uncertainty." (Page 131.)

From these quotations it should appear that Adler lays great stress upon the psychical elaborations which occur in the early years of life—a view in which we can concur heartily. Probably, in fact, the great value of this particular book resides in this stressing of the ontogenesis of the individual personality. From it there develops Adler's excellent discussion of individual education, the fine chapter on "demoralized children", and his remarks anent the psychological-pedagogic treatment of personality disorders. The reader who is hard pressed for time may obtain an insight into these views by careful perusal of some 109 pages: Chapters I, IV, VI, and the first 12 pages of Chapters VII, VIII, XIV, XXVI, and XXVIII.

"The gnawing sense of insecurity and inferiority in children either with inferior organs or with more marked feeling of inferiority in relation to their environment compels them to a more intensive elaboration, a more intensive forcing of their safety-tendencies." (Page 126.) "The psychic foundations of neurotic disease and its symptoms have been taken over unchanged from childhood. . . . A normal feeling of weakness and helplessness has been enormously intensified and has grown into a deeply-felt sense of inferiority." (Page 18.) "Traits of defiance are to be regarded as a reaction, a protest against the synchronous stirrings of obedience or against an enforced submission . . . furthermore, their purpose consists in obtaining for the child a more speedy gratification of his instincts, importance, attention, and privileges." (Page 20.) This phenomenon, and its opposite, are referred to as the "masculine protest" due to immature evaluation of certain traits as (feminine and) undesir-

able. These include: weakness, craving for fondling, submissiveness, waiting, enduring, passivity, obedience, softness, cowardice, ignorance, tenderness, and feelings of lack of capacity or inferiority. This juvenile evaluation system stresses as (masculine and) desirable: strength, greatness, riches, knowledge, victory, coarseness, cruelty, violence, hatred, defiance, egoism, activity as such, acts of aggression, power, triumph, disobedience, and sadism. "The most widely distributed method adopted by the feeling of inferiority appearing during childhood, to prevent its being unmasked, is the creation of a compensatory psychic superstructure, the neurotic *modus vivendi.* . . . Any departure from the normal can subsequently be explained either by a greater ambition or by a more marked degree of precaution. . . . An individual is here struggling for recognition, . . . he is aspiring ceaselessly to a godlike domination over his environment from out the region of his insecurity and his sense of inferiority." (Page 33.) "Its opposition to reality—*i.e.,* to the logical demands of the community—is in this system connected with the limited experiences and differences in the type of relations which were efficacious at the time of the construction of the life-plan—*i.e.,* in earliest childhood." (Page 42.)

As may have occurred to the reader, this striving for prestige is not pathognomonic of mental disorder. "The fiction of a goal of superiority, so ridiculous from the viewpoint of reality, has become the principal conditioning factor of our life as hitherto known. It is this that teaches us to differentiate, gives us poise and security, molds and guides our deeds and activities, and forces our spirit to look ahead and to perfect itself. There is, of course, also an obverse side, for this goal introduces into our life *a hostile and fighting tendency,* robs us of the simplicity of our feelings, and is always the cause of an estrangement from reality." (Page 8.) "The goal of godlikeness transforms the relation of the individual to his environment into hostility and . . . the struggle drives an individual towards a goal either along a direct path, such as aggressiveness, or along byways suggested by precaution. If we trace the history of this aggressive attitude back to childhood we always come upon the . . . fact that throughout the whole period of development, the child possessed a feeling of inferiority in its relations both to parents and the world at large. Because of the immaturity of his organs, his uncertainty and lack of independence, because of his need for dependence upon stronger natures and his frequent and painful feeling of subordination to others, a sensation of inadequacy develops that betrays itself throughout life. This feeling of inferiority is the cause of his continual restlessness as a child, his craving for action, his

playing of rôles, the pitting of his strength against that of others, his anticipatory pictures of the future and his physical as well as mental preparations. *The whole potential educability of the child* depends upon this feeling of insufficiency. . . . The longer and more definitely the child feels his insecurity, the more he suffers either from physical or marked mental weakness, the more he is aware of life's neglect, the higher will this [compensatory] goal ["of superiority, whereby his poverty is transformed into wealth, his subordination into dominion, his suffering into happiness and pleasure, his ignorance into omniscience, and his incapacity into artistic creation"] be placed and the more faithfully will it be adhered to." (Pages 13-14.)

On such a basis, the author has developed his views as to the dynamics of the home situation—the relative psychical situation of the eldest child, of the second-born, the last-born, and the male child among girls, or vice versa. As a contribution to genetic and to child psychology, his work has widespread ramifications and bears upon many topics imperfectly treated in the orthodox Freudian contributions. If we keep in mind his working under circumstances of stress in Vienna, where Freud, Stekel, and he were scarcely in peaceful coöperation, we can understand and appropriately discount his polemics and the devaluation of pre-adolescent sex interests.

His belief that uncertainty of the sex rôle is a potent cause for later difficulties is, on the other hand, a conclusion of no little importance. As it is expressed in these writings, however, it is not always satisfactory. For instance, one may be hesitant in accepting the following statements regarding the genesis of homosexuality (doubtless, the passive form, in males): "As a rule we find, in these cases, that as children they . . . hardly came into contact with experiences that would emphasize the fact that their sex was different from that of girls." (Page 188.) "If, besides the difficulty of recognizing his own sex, the existence of impoverished and bad pecuniary family conditions, or of disorganized relations between the parents, gave the child additional difficulties, they are likely to suggest to him the thought of looking for the consummation of his ambition by a very narrowly circumscribed method. The question that mainly arises is that of his relation to the other sex." (Page 189.) As is quite often the case, our author's views on this subject are valuable—particularly that on "disorganized relations"—but they are also partial; whence our recommendation of critical study. He has little or no use for the concept of "incest" as used by Freud. It would seem that the two views represent extremes, the more general case lying somewhere between. He does not develop the "Œdipus-complex" situation. For that matter, he is skeptical as to "tranference to the physician",

finding for these phenomena quite a different explanation. On all these subjects where his differences with the other psychoanalytic schools is conspicuous, the reader must realize that he is encountering *one side* of a matter. This is well illustrated in his remarks on masturbation: "Kant has propounded the question why masturbation should be regarded as something sinful. To me it seems that the nature of general normal human feeling, the nature of the differentiated social consciousness, of love of one's kind, makes each individual regard masturbation, which is a form of antisocial gratification, as wrong even if we have to accept its existence." (Page 192.) This emotionally conditioned stab at Stekel may be dismissed with but one comment. The whole Adlerian psychology shows too strong a tendency towards the passing of ethical judgments. More will be said on this topic in the concluding paragraphs of this review.

The principal "movements" of the "neurotic *modus vivendi*" are his major theme. The manifestations of the "abnormal ambition", with its tendency to minimize and devaluate others, are more fully discussed in *The Neurotic Constitution,* but are frequently his topic in these essays. It is the workings of the "marked degree of precaution" that produce the greater number of our social problems.

"In the cases of neurotic doubt, compulsion-neurosis, or phobia the terminal effect [of the sufferer's exertions in life] is either a 'nothing' or almost a 'nothing'. . . . This . . . , demonstrable in all neuroses and psychoses, in melancholia, paranoia, and dementia praecox, has been described by me in detail under the term 'hesitating attitude' (Page 103.) . . . the patient attempts unerringly to interpose a '*distance*' between himself and the anticipated act or decision at that particular point." (Page 104.) This "distance-interposition" Adler sees accomplished by four types of movement: (1) *retrogression,* including suicide, fainting, psycho-epileptic attacks, severe compulsion-neuroses, aboulia, mutism, refusal of food, severe anxiety attacks, alcoholism, drug addiction, vagabondage, criminal tendencies; (2) *"cessation",* including anxiety, weak memory, pains, disabling insomnia, impotence, masturbation, perversion in the sex field; (3) *hesitation,* including compulsions, pathological pedantry, tardiness, destruction of work begun, and so forth; (4) *constitution of obstacles and their mastery,* including, for example, masturbation or pollutions with superstitious conclusions about it. These references cannot rightly suggest the extensive arguments with which the author builds up his case, but the classification, all-inclusive though it may seem, has some clinical value.

As a final excerpt, we may consider Adler's contribution to the psychology of sleep and dreams. He considers the doctrine of "wish-

fulfillment'' to be erroneous. He does not expect much of ''infantile sexuality'', in general. ''Sleep . . . is a condition or brain-function in which the rectifying capabilities of the psychic organism have in part ceased. . . . During sleep, the adjustment to the external world . . . is lost and with it the normal possibility of a corrective. Fiction . . . develops in wild abundance.'' (Page 115.) ''The guiding ideas of the personality-ideal do not rest even during sleep . . . they pass transformed into bodily attitudes (in the dream, into psychic) in order even during sleep to ferret out tentatively the path leading to the attainment of the guiding idea.'' (Page 175.) ''The protecting, anticipatory and safeguarding elements . . . cause and are the contents of the dream. . . . The main function of the dream is the attempt to safeguard the importance and superiority of the ego.'' (Page 141.) The condition of the sensory pathways during sleep ''necessarily leads . . . to an intensification of conation and in content to analogical but more sharply outlined characterizations and suggestions. . . . The anticipatory, prescient function of the dream is always clearly discernible; it foreshadows the preparations developed in connection with actual difficulties encountered by the dreamer's life-line, and the safeguarding purpose is never lost sight of.'' (Page 217.)

To evaluate the Adlerian psychology is scarcely the task of a reviewer. Some of his views are by no means original. Some of them are regrettably one-sided. Occasionally, as in the above remarks about sleep and dreams, the formula presented seems pathetically inadequate to its enormous topic. But the fact remains that many of the findings of this ''prestige-psychology'' must be given a place in any comprehensive exposition of human life, and that Adler's views as to the genesis and phenomenal performances of ''ideal structures'' in the sentiment of self correlate very well with clinical material.

Like all good apologists for humanity, and in keeping with the before-mentioned tendency toward a moralizing sitting in judgment, Adler looks upon his ''aggression-tendency'' as a cultural artefact. If this is the whole story—if there is not a fundamental root-tendency which might be described as the impulse to understand and dominate—why do we find ''unnecessary'' aggression so prevalent elsewhere in animate nature, from unmutilated horses, monkeys, and dogs, downwards? I do not intend any denial of the thesis that cultural exaggerations of this impulse are fundamental to a vast amount of personality difficulty and unhappiness. An unwarranted reduction of root-tendencies to self-preservation and sex, on the other hand, does not provide a workable basis for psychology, ethics, and sociology.

The disconnected essays that make up this book, superficially or not at all revised as they are, show in many ways the transitions of the author's development. Let us hope that he will, in the not far distant future, write *one* comprehensive exposition of his views. In the meanwhile, we must stress a critical consideration to which we have already referred in brief. It is quite easy for a thoughtless reader of Adler's works to leave them with a comfortable feeling on the order of "Thank God, I am not as other men!" Our author unconsciously stresses the futility—nay, almost the contemptibility—of neurotic strivings. He *intends,* and repeatedly urges, that these people (humanity) shall be treated with great tact, kindness, and literal sympathy (feeling with and into their personality). I hope that this latter is the attitude that all his readers may acquire. If one so chooses, human life can be regarded as thoroughly contemptible. I know nothing that signally differentiates the "neurotic" from thee and me, in this connection. Neither, so far as I can discover, does Adler.

Harry Stack Sullivan.
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Instinct, Intelligence, and Character; An Educational Psychology. By Godfrey H. Thomson. New York: Longmans, Green, and Company, 1925. 282 p.

"The general idea which I have taken as my beacon", so the author of this book informs the reader, "has been the way in which man's mind has grown out of the animal mind." (Page 273.) Man's development is due, in the first instance, to the plasticity of his nervous system, and to his capacity for play. Variations in behavior that result in desirable adjustment are fixed primarily by the feeling of satisfaction, which, in some more or less obscure fashion, discriminates retroactively in favor of certain neural connections as against others. Learning begins in trial and error, which leads on to the use of abstract symbols. The ability to transfer what is learned to other situations is determined in the main by the degree to which the method or principle which is involved has been made an object of consciousness. In order to do this effectively, education must concern itself preëminently with the cultivation of thinking. "We should have our pupils push their theories to the limit, to discover their breaking points." (Page 274.)

Viewed as a form of behavior, intelligence means a certain flexibility or appropriateness of response toward new and changing situations. This capacity for variation is likewise the basis for the development of character. "The fact that in man emotional drives and

sources of energy can readily be tapped by numbers of diverse situations, and not merely by certain narrow stimuli, gives rise to the possibility of directing the impulse along noble or vicious channels. For the simple situations which are the desired goal of animal action, such as obtaining food, or possession of a mate, or regaining contact with the herd or pack, are substituted lofty ideals or ugly passions. Both in intellect and in character, education means redirecting behavior along new channels." (Pages 274, 275.)

On the whole, the conclusions at which the author arrives are of the sort that recent psychological and educational literature have made fairly familiar. This is perhaps to be expected of a book the primary purpose of which is evidently to introduce the general reader to the subject. But even with this limitation of purpose, there is no sufficient reason why the author should not have attempted to indicate some of the problems that lurk in the background. The selection and treatment of the contents that make up the book are evidence that a significant change is taking place in psychology. The familiar rubrics of sensation, perception, attention, and the like are conspicuously absent, and the discussion is centered on mind as an instrument or function of adjustment. With some psychologists this is primarily a shift of emphasis; with others it is a change in point of view. Present-day behaviorism has challenged the traditional concept of mind or consciousness outright. Our conception of the nature of mind will obviously determine our whole attitude when we deal with the applications of psychology to educational practice, yet this is precisely the point which our courses in educational psychology leave in the dark. The result, as might be expected, is that educational psychology, as it exists in the minds of most of our teachers, is a hodgepodge of traditionalism and behaviorism, which becomes an obstacle to clear thinking on educational problems.

The general impression left by the book is that the traditional conception of mind, as a non-material existence of some sort, is maintained. But at one point only—viz. the significance of "satisfaction" in the learning process—does the question of the action of mind upon body become a problem. The author is not greatly concerned with the nature of mind. But unfortunately he does not protect himself adequately against the temptation to use the shadowy notion of an agency behind the scenes as a substitute for explanation. At any rate, explanation is painfully meager at several crucial points—e.g. in the treatment of concepts, and in the account of thinking and of transfer of training. It can hardly be said that any real psychological insight is furnished in connection with these topics, which lie somewhere near the heart of educational theory.

Perhaps these comments give an unfair impression in that they obscure the real merits of the book. It is more readable than most books in its field, and gives a pleasing impression of balance and sanity. The treatment of tests, for example, can be cordially recommended to the reader who desires a serviceable introduction to the subject. The book can serve a useful purpose in promoting a general knowledge of what is going on in psychology and of the relation between psychology and the facts of every day life.

B. H. Bode.

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Things and Ideals. By M. C. Otto. New York: Henry Holt and Company, 1924. 320 p.

Like the writings of James, this book, we are confident, will interest not only specialists, but lay readers as well. It brings philosophy down from the skies to Main Street—and (with no invidious reference) to Broadway also. Various groups will find objections. Those who still cling to classic philosophy and psychology will regard the book as too pragmatic and functional, while the behaviorist will score it for not being functional enough. Mechanistic idealists will think it attaches too much importance to ideals; and idealists may miss a certain familiar homage to some of their favorite conceptions. Nevertheless all these many readers will come upon much of profit in its well-written pages.

The aim is stated in these words of the author: "While life, having its inescapable practical aspect, demands short-range idealists, men and women who can invent the means of social improvement that promise immediate applicability, we shall fall far short of our possibilities, and make the work of these idealists futile in the end, unless we have a place of opportunity for long-range idealists as well, men and women whose minds are stretched to catch a glimpse of the Great Society to come, where sanctity of life, beauty of surroundings, and creative opportunity shall be a general fact."

The world as we know it has all it needs for the furthering of its own happiness. These instruments are of the two kinds—things and ideals. Neither is more "real" than the other; neither is superior in dignity. Both are needed in reciprocal interpenetration. Recognizing this joint requirement, we shall combine aspiration with loyalty to fact and reach "a form of idealism free from sentimentality, yet steadfast in the refusal to accept the material order as the pattern of life".

Human nature from this viewpoint is far removed from the theological conception formulated by Augustine and Calvin. The

self is not essentially base or unchangeable; nor can it be understood apart from the environment in which it functions. To make a better use than now of mankind's capacities, we must give up many outmoded preconceptions. Because, for instance, our prèsent society lays undue stress upon the acquisitive tendencies, we must not suppose that these traits are fixed forever and unalterably. The day may come when life will be organized around the desire to function properly rather than, as so largely to-day, around the desire to possess. Here and there we meet individuals who have already organized their lives on this better plan—teachers, artists, scientists, social workers. Who shall say that the shift of interest accepted in these lives may not become the rule for the society of to-morrow?

Nor is it only the theologian, the classical metaphysician, and the hard-boiled conservative at whom Dr. Otto—and always with smiling courtesy—tilts his lance. The psychologist who thinks of man as only a collection of instincts is likewise challenged to surrender this view in favor of the recognition that much of our so-called human nature is socially induced nature. What capacities for better living there are can be asserted only after, and not before, we have changed those factors in the environment which encourage or discourage the proper functioning of man's best. No one dare say that we have utilized fully those powers that make for joyous life. If the inadequate education now provided results in shallow thinking and narrow sympathy, let us not be surprised that only this type of personality is so common and seems to be the only kind possible.

It must not be supposed that Dr. Otto is in the least unappreciative of the work done by modern psychologists and biologists in explaining how human nature acts. On the contrary, he is quite at home among these findings and insists upon the need for still more of such study. But he does not lose his bearings. The impulsive life of man is, after all, only the raw material of any genuinely human conduct. Since impulses conflict, all use must be made of intelligence. The paragraphs on the differences between men and either machines or animals might well be read many times by both behaviorists and Freudians, especially since Dr. Otto is equally opposed to the rigorism of the Kantians. "Morality is neither a capitulation nor a spree", but an art demanding creativeness, dedication, discipline.

If we are to strive for the type of community which the author desires—one "where every person shall have a realizable chance to make his life a satisfaction and a joy"—the accent must be put not upon repression, but upon integrating all the positively worth-while forces. Not self-denial, but self-respect is the greatest of our moral assets. Not conformity or moral conflict and victory should be the

aim, but such an integration as will secure the greatest proportionate satisfaction of all the ideals involved.

The author's own attitude toward the problem of science and religion is a characteristic example of this integration: "Science [should] . . . be man's effort to master the facts of nature and to discover the best means for drawing upon nature's resources; and the higher life man's effort to master the problem of human values, or his devotion to the discovery and practice of the most liveable life. We might then indeed speak of science and religion, without equivocation or confusion, as inseparable and complementary endeavors in man's attempt to make himself at home on this planet.

"Is such an arrangement feasible? Not without a radical change in the prevalent notion of both science and the higher life. Any genuine *rapprochement* implies the emancipation of the mind from the tradition that the one opens the window to ultimate truth and that the other comes armed with a supernatural warrant. No doubt reasons are forthcoming for holding to these traditional conceptions, but so long as each side clings to a sovereignty fatal to the other there must be discord between the two. A working understanding requires as an initial step a modification of time-honored claims."

This brief sketch gives no idea of the many sensible suggestions with which the author enlivens his plea for equal honor to both the ideal element in life and the natural equipment with which the work of progress must be carried on. Philosophers who begin with other first principles will place question marks beside many paragraphs. But the integration that Dr. Otto desires will surely be more likely to prosper when the argument is conducted on all sides as engagingly as he offers it here.

Henry Neumann.

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What is Man? By J. Arthur Thomson. New York: G. P. Putnam's Sons, 1924. 331 p.

Professor J. Arthur Thomson is apparently one of the world's indefatigable workers. He occupies a chair of major rank in a great Scottish university and must have many onerous duties there. Nevertheless, he finds time to extend his teaching activities very greatly by means of extra-mural lectures, books, and numerous magazine articles. His splendid *Outline of Science,* published two or three years ago, was probably his first real introduction to the reading public of this continent, but both before and since, books and articles have appeared in great numbers, and all that have come within the ken of the present reviewer have been characterized by very evident care in planning

and preparation, lucidity of presentation, and general excellence of style. The present book is a worthy member of the family.

In 1922, the Senate of the United Press Church College in Aberdeen invited Professor Thomson to give for the third time the "Thomson Lectures" and suggested that the biologists' view of man would be an acceptable subject. This book is the embodiment of the lectures given. The contrast between Aberdeen and Dayton, Tennessee, in some respects at least is pitiful, and one has no difficulty in knowing for which the pity should be felt. What would have happened in the Tennessee legislature had each member read this book, or, better still, heard Professor Thomson himself?

The book is meant for popular consumption—a simple statement of how modern science views man. That it is the work of a person with wonderful teaching powers is evident throughout. The language is as simple as it well could be. The arrangement is such that it is no task to follow the author's train of thought and exposition; illustrations and examples of a simple, "homely" type are interspersed plentifully—"most current for that they come home to men's business and bosoms". Quotations, for the most part characterized by aptness and literary excellence, are freely interspersed. One notes that they are, with a few exceptions, taken from works of some years' standing, doubtless a deliberately chosen means of avoiding new and untried doctrines. Then, fully aware that he has whetted the appetites of his readers, the author appends a well-selected list of "useful books", most of which are of recent date and easily obtained. In this list a goodly number are the work of American authorities.

There seems little point in going over the book section by section. The great story of man's evolution is plainly told. Biology, anthropology, psychology, ethnology, sociology, all contribute their share. The facts of heredity and recent advances in physiology and medicine are dwelt upon, and it is patent that the author is well acquainted with the fundamental data of all these sciences.

Considering the audience for which the lectures were originally intended, one might expect that various concessions to their susceptibilities and points of view would be made. There are some, but very few—none with which one could reasonably quarrel. The discussion of instincts in the chapter *Behavior and Conduct,* which will be of most interest to psychologists, will not prove entirely satisfying to them. Here the author becomes a little indefinite and, refusing to accept McDougall's view, still speaks of "hereditarily determined generalized types of reaction", "inherited psycho-physical predispositions", and "innate tendencies"—all very near to distinctions without a difference, one would say. We must remember the general

purpose of the book, however, and not criticize *special* statements harshly when the fundamentals are right.

Chapters 7, 8, and 9—*Sifting and Borrowing, Contact of Races,* and *Disharmonies and Disease*—are particularly valuable and would provide much food for thought for citizens who, estimable enough in most ways, think little about some of the graver problems that civilization has brought in its train. The central thought of the section *Sifting and Borrowing* is summed up in a quotation from Herbert Spencer: "The law that each creature shall take the benefits and evils of its own nature has been the law under which life has evolved thus far. Any arrangements which in a considerable degree prevent superiority from profiting by the rewards of superiority or shield inferiority from the evils it entails—any arrangements which tend to make it as well to be inferior as superior—are arrangements diametrically opposed to the progress of organization and the reaching of a higher life."

Natural selection *has* been thrown off to a large extent. "Consciously or unconsciously", as Professor Karl Pearson puts it, "we have suspended the racial purgation maintained in less developed communities by natural selection." Professor Thomson expresses the mind of all who ponder these things when he insists that man must substitute other modes of selection and these *must* be thought out.

One might go on at great length citing the good things of the book; the fear that knowledge popularized will become inaccurate and untrustworthy is here exorcised, at least for once.

In the last chapter, *What is Man Not?* Professor Thomson has a revealing paragraph which apparently embodies much of his own philosophical attitude: "The principle of guidance is this—judge the physical in the light of the biological and the biological in the light of the psychological and the psychological in the light of the social and bring all before the august tribunal of the true, the beautiful, and the good."

Surely a most worthy ideal. Even if it is seldom glimpsed in this present day, the author has followed it consistently, and one little doubts that those who read his book will "go and do likewise", or at least be more inclined to than before.

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Human Constitution: A Consideration of Its Relationship to Disease. By George Draper, M.D. Philadelphia: W. B. Saunders Company, 1924. 345 p.

This volume by Dr. Draper, director of the Constitution Clinic at the Presbyterian Hospital, New York, represents a really fine piece

of work. It appears most happily at this time, lending great added emphasis and for the first time a truly complete and valid scientific method to that very important concept and problem—human constitution, in all its aspects, and particularly in its relation to disease. A problem from the earliest times, this aspect of medicine, interest in which seemingly lapsed for many years after the important early contributions of such pioneers as Hunter and Laycock, has again come into striking prominence, and justly, representing as it does so vitally important and basic a consideration for the biologic approach in medicine.

This renewed interest in constitution—entirely contemporary—has come as the direct result of studies by such men as Näcke, Stockard, Viola, and Bauer, by whom attempts more or less successful have been made to study mankind from the standpoint of morphologic type and to examine into possible correlations between such types and susceptibility to physical disease. Reduced to a very popular terminology, these types are essentially the long, thin, or asthenic and the short, thick, or sthenic. Very lately—in 1922, to be exact—this problem developed a most important meaning for psychiatry through the work of Kretschmer, in Tübingen, according to whom it appears that the asthenic body type is the one most commonly encountered in schizophrenia or dementia praecox, in striking contrast to the apparent occurrence predilectively of the sthenic or pyknic soma in affections of the manic-depressive order. Kretschmer's method, to be sure, is to a large degree impressionistic and in that sense open to criticism, but, nevertheless, that his contention may, on the whole, be valid has been strikingly demonstrated through the very recent work of Naccarati and Shaw, in this country, utilizing a more scientific and mensurative technic of study.

It would appear, then, that in mental disorders, as well as in the so-called purely physical disorders, we are in all probability dealing with more or less specific races of man—not races in the strictly anthropologic sense, but disease races, which, it appears from Draper's work, may be the more fundamental criterion and certainly the more simple and helpful for medicine. This conception, if true, as indeed it seems to be, is of the utmost significance for those concerned with psychiatry and mental hygiene, definitely and once for all removing disorders in this field from the category of happenstance and accident and establishing them frankly as but natural, logical, and more or less anticipatable end-reaction types in individuals of a certain nature and constitution in the face of certain environmental patterns. Treatment and handling in the light of this understanding are given a very different and much deeper meaning, and prophylaxis a new and most significant aspect.

Draper's book consists of seven well-considered chapters, admirably covering his material, with, in addition, a section on tables, including 105 tabulations, very clear and vivid in arrangement and representing the actual data mass of the study upon the exposition and development of which the text as such is based. An excellent bibliography and index are also appended.

In his first chapter, Draper presents his concept of the broad biologic nature of disease, referring to disease as arising from "the interplay of dynamic forces inherent in the individual and present in the world about him. It is a subtly moving, changing set of reactions between man and his environment, which cause him discomfort, or, exactly what the word says, dis-ease." He points out the great importance in this connection of the tendency of man "to seek in the environment for causes of his ills and failures, and to place squarely there, outside of himself, the responsibility for his discomforts. Draper then proceeds in a general way to outline his purpose, which, he indicates, is to examine into those intrinsic attributes of the individual through which, in reaction with unfavorable environmental influences, disease is developed. He approaches man in this examination purely as a member of the animal kingdom and studies him just as a naturalist would study any other type of animal. His procedure is to investigate man in a broad way and as a whole, with full and religiously maintained perspective. His object is not merely to note man's disease or pathologic tendency, but to regard and envisage him in his absolute entirety, giving every factor its due importance, with care not to credit the disease as such as representing more than a specific occurrence or development in the life course of an individual of a certain constituency. In other words, the man is not to be sacrificed to the disease in emphasis; that is to obscure the whole by the part, and thereby to lose the true sense and significance of the situation. This error unfortunately has been and still is very much the case for the general attitude and focus in medicine. It is of interest, however, and a certain consolation to note how closely Draper's point of view, so far in advance of general medical thought, accords with the recognition and appreciation in psychiatric practice of the paramount necessity for the "total reaction" approach, recently so well formulated by White in his *Foundations*.

For his study of man, or rather of man's constitution—which he defines as "that aggregate of hereditarial characters, influenced more or less by environment, which determines the individual's reaction, successful or unsuccessful, to the stress of environment"—Draper considers the individual exhaustively from the standpoint of his four leaves or panels—the anatomical, the physiological, the psychic,

and the immunological—each of which represents "one panel of the great screen across which man's personality is drawn". Thus far Draper's work has progressed only through the anatomic panel, and it is the discussion of his findings herein that constitutes the present work. The results of the examination of the remaining panels are promised as later contributions.

In this chapter (further) Draper discusses comprehensively and in a finely critical spirit the previous work done along constitutional lines, indicating the defects of the purely observational or impressionistic method and the absolute need for thoroughly complete and scientific mensurative technic, which, it appears, has hitherto been sadly lacking.

The second and third chapters are devoted to the detailed description of the material, technic, and apparatus employed in the work. Draper studied six important and outstanding pathologic types—gall-bladder disease, gastric and duodenal ulcer, pernicious anemia, asthma, nephritis and hypertension, and pulmonary tuberculosis. In all 298 individual patients were studied, a rather small number, to be sure, for this type of investigation, but entirely sufficient, it seems, to insure a valid inductive-deductive basis, particularly in view of the ingenious utilization of accumulative percentage and relative-frequency curves. The case series included both men and women, ranging from seventeen to sixty years of age and well distributed as to racial origins.

Upon each case some 82 measurements and observations were made, including everything, apparently, that is validly mensurable and observable. Draper's measurements, it should be noted, were between bony points and, therefore, much more reliable and indicative than the rather scanty and essentially soft-point mensurations of many previous workers. In addition, from these original measurements in each case there were derived 35 indices of interesting or suggestive measurement pairs, such as the cephalic index—cephalic breadth divided by cephalic length—and the ponderal index—body weight divided by height.

In the fourth chapter, explanation is made of the procedure employed in the work of tabulation and the construction of the numerous graphs which set forth most vividly the contrast found to obtain for individual observations with respect to sex and specific disease type. In addition to graphs, very helpful diagrammatic profiles, thoraces, and whole figures are included and fully discussed. In chapter five an attempt is made, with striking effect, to illustrate, by the use of relative-frequency curves applied to nine anatomic

criteria in gall-bladder disease and ulcer, the very definite and highly specific value of constitutional study in the actual work of diagnosis.

The sixth chapter is taken up with a detailed discussion of the cumulative percentage curves portraying the findings of each disease and for both sexes with respect to each anatomical criterion. Many interesting facts, certainly for the most part unsuspected, are brought to light in this discussion, emphasizing very pointedly Draper's thesis—the importance of the constitutional factor and panel study in pathological relationships. For example, ulcer occurs most often in asthenic individuals, and gall-bladder disease in sthenic types. The tuberculous are tall, and the nephritic short. Blue eyes and light hair predominate in tuberculosis, and of all six diseases the broadest heads are found in gall-bladder disorder. In pernicious anemia and gall-bladder disease, long ears predominate and in tuberculosis and gastric and duodenal ulcer the eyes are very closely set. The widest faces are found among the gall-bladder cases and the narrowest among the nephritics, whereas the gonial angle is widest in pernicious anemia and narrowest in gall-bladder disease. Pernicious-anemia patients have short noses, while among those with gall-bladder trouble and asthma, the noses are decidedly long. Gall-bladder cases have shallow palates, whereas ulcer patients and nephritics tend to palates that are narrow and highly arched. The short chest is characteristic in pernicious anemia, the flat chest in tuberculosis, and the very large thorax in gall-bladder conditions. In pernicious anemia the extremities are long, also in tuberculosis, while in gall-bladder disorder and ulcer they are definitely short. And so it follows for the entire criterion series, affording, as indicated, a most vivid realization of the insistence and actual basis of Draper's challenge and establishing a real case for constitution in the work of disease study and analysis.

The seventh chapter is concerned with the question of sex differences, with especial relation to disease types, and certain very interesting and important correlations are brought forward. It seems that the sex factor is not always a uniform vector in disease predisposition, at times appearing entirely secondary and unrelated to pathologic susceptibility and at others distinctly a primary influence. An outstanding illustration of the latter relation is gall-bladder disease, which seems to represent a more or less specifically female-disorder type, occurring in the ratio of 3 or 4 to 1 for the two sexes and with the males who present this condition approaching very strikingly the feminine in structural and morphologic organization. This tendency carries with it obviously an extremely significant connotation for the general theory and conception of disease.

Draper's conclusion directly follows this last chapter, presenting his position and its prospect most clearly and potently. Its last paragraph, being especially pat, is appended in direct quotation: "A study of human beings grouped according to disease potentialities leads to a sort of comprehension of Man's quality which may do much to develop preventive medicine for the individual. This is quite a different phase of preventive medicine than is the blanket protection of communities from the scourge of contagious disease by health-department regulations. But aside from such an immediately practical bearing, the study of human beings by physicians has a definite academic interest. For it tends to equalize the distribution of investigative effort upon the three basic elements of the disease problem—Man, the lesion, and the environmental stress."

To sum up, this book of Draper's impresses the reviewer as a truly great work, utterly simple in expression, albeit in the highest degree scientific and freighted with a soundly constructive message of vital moment to medical thought and philosophy. Its careful reading is earnestly and sincerely commended to all whose interest lies in the field of medicine, clinical or social, general or psychiatric.

Theophile Raphael.

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The Psychology of Religion. By W. H. Selbie. Oxford: The Clarendon Press, 1924. 310 p.

This volume is one of a series to be published by the Clarendon Press for the use primarily of theological students. It contains the substance of two courses of lectures delivered under the Wilde Foundation at Oxford.

Using the term "natural religion" in the same sense in which one speaks of natural science, the author maintains that the "study of comparative religion and of the psychology of religion has made it more than ever evident that religion is something natural to man, and is not imposed on him by any extraneous authority, art, or device. It belongs to the very constitution of his nature that his reaction to the universe should find expression in forms which we can only call religious."

This thesis is well sustained throughout the book, which covers all aspects of the subject, as a glance at the chapter headings will show.

The author writes lucidly, and while holding closely to his topic, draws on the history and philosophy of religion for occasional illumination. He credits the Americans with being the pioneers in this study, which is still in its infancy, and shows that they are

practical and that their theology is grounded on experience and the comparative study of religion. He quotes frequently from other writers and himself evidences a broad-mindedness which is most satisfactory. Some of his chapters—notably, the one on religion and the psychology of children and adolescents—leave little to be desired.

Considering the book as a whole, one sees that the main contention centers around the influence of the new psychology on man's religious beliefs and tendencies, with especial reference to the views of Freud and Jung. Though the last chapter deals with this exclusively, the argument really begins in the first chapter and crops up, more or less, throughout the book. Dr. Selbie considers that great impetus has come from the new psychology, toward which he preserves an open mind, but he believes that it has been carried to extremes. He regards it as "psychopathology rather than psychology in the strict sense of the term". He accepts the theory of the unconscious with certain limitations, and gives much weight to the influence of this in religion, believing that the "ultimate source of its content is to be found in the past of the individual and the race".

He admits that religious ideas and experiences of adult life may be "conditioned and even originated by past suggestions long hidden in the unconscious". He also lays stress on the influence of suggestion in the religious life, notably in the matter of conversion and prayer, and he is alive to the significance of projection and other psychological phenomena.

In this whole discussion, however, one feels that Dr. Selbie thinks and writes as an outsider—that is, he lacks the insight and practical understanding that come only from a personal psychoanalysis or from the successful analysis of a number of others. This is a serious bar to an adequate presentation of his case and it probably explains certain of his minor inaccuracies, as, for instance, the use of the terms subconscious and unconscious as synonyms—this, too, when he accuses the Freudians of looseness in their use of the word unconscious, a statement certainly not true of Freud himself.

It is noticeable that Dr. Selbie takes most of his information second-hand; only twice in the text does he quote directly from Freud and but twice from Jung. Surely it is wiser to tap the fountain at its source.

He notes that some of Freud's followers go beyond him in their claims (Schroeder), but fails to stress the fact that a number of able workers in this field who accept Freud's discoveries and use his methods agree with his conclusions only in part. He speaks of the new psychology as being in an experimental stage. That is true. As a matter of fact, it is in a state of flux. Freud himself

modifies his views from time to time, and there are unquestionably other workers who are adding to the structure Freud has built or even, it may be, changing its foundations.

With reference to the relation between psychotherapy and religion, Dr. Selbie speaks of the methods as "analysis on the one hand and suggestion on the other". It is doubtful whether such a distinction can be maintained. Suggestion without analysis is manifestly possible, but it is impossible wholly to avoid suggestion in analysis—the necessary explanations act to some extent as suggestions.

With Dr. Selbie's conclusions one feels in general accord; surely, "there is no sort of conflict between religion and science". Just as he who accepts evolution can still maintain his religious belief, so one is sure, when the actual truth is manifest with reference to psychoanalysis and psychotherapy, they will prove to be no stumbling-block in the way of the natural religion the author has expounded.

One welcomes the book, for it fills a need.

George Edward Clark.

*Stamford, Connecticut.*

Psychology and the Sciences. Edited by William Brown. London: A. and C. Black, 1924. 184 p.

During the Michaelmas term of 1923, Dr. Brown, who succeeded McDougall at Oxford, arranged in his department a series of lectures designed as a means of orienting psychology among related sciences. This volume consists of the lectures given.

Dr. Haldane—brought, by reason of *Dædalus*, distinctly into the ken and interest of many people otherwise ignorant of him—leads off with a discussion of the relations of psychology and biology. He settles to his task after some restless fluttering over metaphysics, logic, and psychology itself. Biology—the science of life—has been in the past too much taken up with the conception of an organism as a machine and has allowed itself to see life largely through the spectacles of physics and chemistry. It is just beginning to glimpse the "amazing detail of organic regulation" and integration. Personality must from now on be of distinct interest to biologists, alike in the intrinsic relationships of its constituents and its extrinsic social relationships. "Future generations will look back with amazement at the complacent physical realism of our time. . . . It certainly is not along the pathway of mere physical realism that we shall advance towards higher stages of civilization."

"Let us join hands and help." According to Professor Marett, this is "all nature's echo to the refrain of the savage's choric song of life", and he at once adopts it as a text for his remarks upon the

relationship of psychology and anthropology. Tracing the origin and development of the latter as a recognized branch of science, he cites the value of researches upon prehistoric man and upon "living fossils"—the primitive races of to-day. For some time interest in the latter has dwindled, owing to the recent great increase in importance of the former. However, the field for research offered by these "living fossils"—attired though they may be "in the cast-off breeches of civilization"—is rich and almost untouched. It can be profitably worked only by whole-hearted coöperation between psychology and anthropology. The latter simply must have the energy and resources of the former in elucidating such points as general educability, the force and quality of custom, symbolism, magic, and religion.

Professor Schiller aptly states that hitherto an attitude of reciprocal suspicion has served to keep psychology and logic separated by a veritable *terra incognita* into which both have been loath to enter. He notes the emergence of psychology from the status of a purely descriptive study into that of a science in which interpretation and elucidation of laws will be the primary object, and feels that in this change logic, with its great care for *values*, will prove a cheerful and helpful companion. Indeed, only in such an alliance does he see salvation for both. "Formal logic", preferring complete surrender to verbalism to contact with psychology, rides blindly on to a doom in which being everlastingly chained to a dictionary and well equipped with blinders will be its special form of torment.

Principal Jacks appears to be definitely skeptical over the value of the contributions of the " new psychology" to ethics. He is satisfied that, from the theoretical standpoint, little that is useful has been added. On the practical side he feels that the psychology of religion in its advances "has made religion more interesting as a subject of inquiry and a topic of discourse; it has been a godsend to many of us who were hard up for anything more to say", but has done nothing to make any of us more religious. He feels that contributions to the psychology of politics and sex have definitely increased instead of decreasing the difficulties, and he seems frankly afraid that disclosures made in these fields more particularly may cause trouble. "No faith so simple but a fool will make a mess of its applications; none so sublime but a knave will capture it for a sinister interest." The reading of the newer psychology, more especially Freud, leads him to fear that the psychologists are in danger of falling into a pit of their own digging.

For various reasons the present reviewer hesitates to appraise the Reverend A. E. J. Rawlinson's contribution on psychology and theology. From the standpoint of an interested, but scantily in-

formed "observer", the essay seems to be inspired by deep religious feeling and will, one feels, be a source of comfort to the fundamentalists. The author is impatient with recent attempts to apply psychoanalytical methods to the materials of theology, but his impatience is expressed gently and without rancor.

One might insert one rather arresting statement which occurs in the course of a discussion of some phenomena in the lives of the saints: "It is possible that a scientific and medically minded generation may be disposed to rate physical health and psychological normality too high in the scale of comparative values. It has been suggested that there are or may be spiritual heights which, in particular cases at least, are unattainable save at the cost of much suffering and at the sacrifice of physical or even of psychical well-being."

Professor Keatings supplies the essay on psychology and education. It, possibly, is the best of the whole series; it is characterized by an orderliness of arrangement, a clearness and sprightliness of expression, that make it a delight to the reader. It is more than a discourse on the relation of psychology and education. This, its main purpose, is evident throughout, but the extremely lucid and practical remarks on such vital topics as attention, discipline, instincts, and intelligence tests, make the essay so valuable that one wishes that a copy of it could be placed in the hands of every normal-school student. In his conception of instincts, the author is becomingly cautious, but it is evident enough that between him and Dr. McDougall there would be substantial agreement, while with the adherents of what might be called the "cultural and structural" theories of mental traits, there would be grounds for argument on this point, albeit agreement on every other point he brings up.

Dr. Brown himself contributes the section on psychology and medicine, which is characterized throughout by brevity and simplicity of presentation. He takes issue with Dr. Haldane's emphasis on the purely physiological explanation of functional nervous states, lays emphasis on the real value of purely psychological contributions to the elucidation of these conditions, and cites a few "cases" in support of his arguments. The importance of methods devised by psychologists—*e.g.*, tests of memory, fatigue, general intelligence, and "submerged" motives—is touched upon; and he concludes with a paragraph on the value of a psychological point of view in medicine generally. The inculcation of such a point of view is an important problem in medical education in these days when laboratory tests and the like are so apt to engross more than their rightful share of the student's attention, leaving him under the necessity of learning to "know" real people after he has graduated.

Dr. T. W. Mitchell, an ex-president of the Society for Psychical Research, concludes the volume with an essay on the bearings of psychology on psychical research. In its first part he points out the opportunities for investigation furnished by those participating in "psychical" activities—the medium, the sitters, and the investigators, both biased and unbiased. The latter part of the discussion is taken up with brief consideration and theorizing as to the mechanism of trance, identification, and so forth. Throughout, the attitude of the essayist is one of open-mindedness, and his statements are couched in pleasingly temperate language.

The book is distinctly worth while. It admirably serves its primary purpose of showing that distinct and potentially useful relationships exist between psychology and these related sciences. All the essays are carefully arranged, and from the standpoint of style are decidedly good. The volume is not only an inventory sheet, interesting and useful at the moment; some at least of its sections are distinct contributions *per se*.

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Creative Experience. By M. P. Follett. New York: Longmans, Green, and Company, 1924. 303 p.

There is perhaps no single concept which has had wider application in contemporary psycho-biologic theory than that of integration. Originally employed by physiologists to explain the coördinating mechanism of the nervous system, it was quickly taken up and elaborated by psychologists, and to-day forms the chief source of inspiration of many treatises on human behavior. Through their influence it has now found its way into general sociological literature. *Creative Experience,* by M. P. Follett, is an attempt to show how fertile the concept of integration can be in the field of social theory and practice.

The first part of Miss Follett's book is devoted to a critical examination and elaboration of the concept of integration; the second, to the application of the principle to the analysis and solution of many social problems of the day, in the field of politics, industrial relations, and law. Of the two, the second part is, to our mind, the better, although the author reveals throughout the book a very wide acquaintance with psychological theory and an intimate knowledge of the social problems that she is discussing.

The main thesis of *Creative Experience* is that social behavior is never of the simple response-to-stimulus type. Both stimulus and

response are extremely complicated and, what is more important, inextricably interwoven. There is always a whole or total situation to be considered. Satisfactory solution of any social problem can be effected only if all the various elements of the situation, or the opposing forces, are completely integrated. Integration means not only compromise or adjustment of differences, but unification of purpose and hence elimination of conflict between opposing desires or ends. This is possible, according to the author, because every true integration involves a reorientation of experiences, the creation of a new purpose that may not have existed before, and a certain degree of invention. Hence incidentally the title, *Creative Experience,* which the book bears.

The above thesis is developed by Miss Follett with much force, but suffers from over-enthusiasm and in consequence from a certain lack of critical appraisal. The following sentence is an instance: "Circular response is the psychological term for the deepest truth in life." (Page 116.) Without claiming to know what the deepest truth in life may be, one could certainly mention at least a dozen "truths" which are more firmly established by science than that of circular response. Sentences of the kind cited do not, to be sure, occur often, but the author's frequent use of epigram and metaphor makes it difficult always to follow her exact reasoning. In general, Miss Follett has been rather free with her psychology, and one regrets that she attempted so much of it.

One of the most interesting points in Miss Follett's book is her attitude towards compromise as a means of adjustment. To this she is unalterably opposed, because she believes it to be only a means of postponing the issue at stake. Her arguments against compromise are quite convincing, but some of her opposition is due to the philosophical bias, more specifically the pragmatic bias, which is so characteristic of most contemporaneous writing on social theory, and which helps to becloud its issues. Miss Follett is particularly anxious to make things work out well, and well for all concerned, or, as she puts it, in a manner that "will satisfy both sides" and "without compromise". The formula is furnished by the word integration.

The desirability of such solution nobody, to be sure, would question, but there seems no reason to believe that this is always possible in social any more than in individual conflict. And no amount of wishing or invention will necessarily make it possible. To maintain that it will is simply to persist in believing that we can both eat our cake and have it. No formula can satisfy both desires at once, providing, of course, that the issue really is as between eating and keeping the cake. The complexity of life, both individual and group, is such

that there do arise not infrequently situations where mutually exclusive desires, purposes, or principles are brought into direct opposition. A choice and not an integration must be made. One of the two opposing principles or desires must be abandoned. It is, of course, true that we hate to do this, and as a way out devise vicarious solutions, consciously and otherwise, all the way from sublimation to subterfuge. But it is equally true that as we "grow up", we learn more and more to "do without". It may make us less happy, but often more upright. There is something to be said for that when solving our social as well as our individual problems.

David Wechsler.

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Social Origins and Social Continuities. By Alfred Marston Tozzer. New York: The Macmillan Company, 1925. 286 p.

Beginning with Lowie's *Primitive Society* in 1920, there have appeared in recent years several interesting and significant books on anthropology: Goldenweiser's *Early Civilization* in 1922, Kroeber's *Anthropology* and Wissler's *Man and Culture* in 1923, Rivers' *Social Organization* in 1924, and Tozzer's *Social Origins and Social Continuities* in 1925.

Tozzer's book does not claim originality in either research or speculation, the author calling attention in the introduction to his obligations to Lowie, Kroeber, Goldenweiser, and Wissler. Rivers, an English writer, he criticizes at several points.

Because of the incompleteness of the picture of the cultural life of early man drawn by archeology and paleontology, Tozzer chooses to concentrate on a study of savage life, which he calls "primitive", and which, like Thomas, he regards as "virtually delayed civilization", "a sort of contemporaneous ancestry". He seeks to show "the continuity of human achievement on the social side from the savage to civilized man". That contemporaneous savages are not fundamentally different from civilized man; that either through common cultural or independent invention and not through imitation of "higher cultures" savages the world over have come to possess in some form every basic institution of civilized society, and that these "higher cultures" owe much to the institutions of savages from which they have been derived; that institutions "are not necessarily the nodes of a common growth, nor can they be arranged in an orderly series"; that primitive man has the potentiality to work out for himself an abundant spiritual and material enrichment, and is neither stagnant nor degenerate; that the defects of savage life are the common inheritance of all mankind,

and that the same psychological principles are behind the same psychological weaknesses both in savage and in civilized life; that savage attainment in ethics challenges admiration; that, if one compares opportunity with achievement, the inferiority of the savage is doubtful—this is the basis which Tozzer lays for his assertion that the savage is "a poor relation, but our own", that "man is one, civilizations are many", and that what is found in savage life is valid evidence of the nature of the life of our prehistoric ancestors. Facts regarding savage life, therefore, are the foundation stones for his conclusions regarding the development of social institutions. This is by no means the only material which he presents, however, for as in his chapter *Marriage and the Family,* he also gives in a few words the points of view of the principal writers on the subjects treated, together with his criticisms.

Compared with Kroeber, which is the most comprehensive of recent works on anthropology and the one that will probably appeal most to those who wish to get an all-around knowledge of the field in the quickest and easiest way, Tozzer lacks orderliness of arrangement and clarity. Kroeber can be read; Tozzer must be studied, in spite of his non-technical language. Kroeber is a textbook; Tozzer is a more engagingly written book for the layman, giving "a knowledge of some of the elementary and fundamental principles and facts concerning the development of man in his relationships with his fellow beings, and . . . the general points of view of American anthropology".

An appendix containing themes written by Harvard freshmen on their personal superstitions adds interest to the book.

HAROLD S. BUCKLIN.

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THE DECAY AND RESTORATION OF CIVILIZATION. THE PHILOSOPHY OF CIVILIZATION, PART I. By Albert Schweitzer, M.D., PH.D. Translated by C. T. Campion. London: A. and C. Black, 1923. 105 p.

CIVILIZATION AND ETHICS. THE PHILOSOPHY OF CIVILIZATION, PART II. By Albert Schweitzer, M.D., PH.D. Translated by John Naish. London: A. and C. Black, 1923. 298 p.

In this series of the Dale Memorial Lectures delivered in Oxford on the philosophy of civilization—which, when completed, will consist of four volumes—Schweitzer puts forth his philosophical theory and views. The first volume, *The Decay and Restoration of Civilization,* is introductory. The second treats of civilization and ethics. The forthcoming volumes will deal with the world view of reverence for life and with the civilized state.

In *The Decay and Restoration of Civilization,* Schweitzer, theologian, musician, historian, philosopher, philanthropist, as well as physician and surgeon gives us clearly and vividly his reflections on the present condition of our civilization and on the essential nature of civilization in general. He believes that the real nature of civilization is ultimately ethical. He is convinced that the æsthetic and historical elements, and the extension of our material knowledge and power, do not themselves constitute the essence of civilization, but depend merely on the mental disposition of the individuals and nations who exist in the world: "It is only in his struggle to become ethical that man comes to possess real value as a personality; it is only under the influence of ethical convictions that the various relations of human society are formed in such a way that individuals and peoples can develop in an ideal manner. If the ethical foundation is lacking, then civilization collapses, even when in other directions creative and intellectual forces are at work."

Another point made by the author is that of the connection between civilization and our theory of the universe. The period in which we are living misses the significance of having a theory of the universe. It is the common belief of society nowadays that humanity will progress quite satisfactorily without any theory of the universe at all, but he is convinced that all human advance depends on progress in a cosmological theory, while, conversely, decadence is conditioned by a similar decadence in this theory. Our loss of civilization, then, according to his view, is due to our lack of a consistent and fitting theory of the universe.

Civilization consists in giving ourselves, as human beings, to the effort of attaining perfection in the human race and to the actualization of progress of every sort in humanitarian directions. This mental attitude, however, involves a double predisposition: first, we must be prepared to act affirmatively toward the world and toward life; secondly, we must become ethical.

Briefly, he proclaims two truths—that the basic character of civilization is ethical and that there is connection between civilization and our theories of the universe—and he asks whether it is possible to find a real and permanent foundation in thought for a theory of the universe.

His answer is: "The future of civilization depends on our overcoming the meaninglessness and hopelessness which characterize the thoughts and convictions of men to-day, and reaching a state of fresh hope and fresh determination. We shall be capable of this, however, only when the majority of individuals discover for themselves both an ethic and a profound and steadfast attitude of world-

and life-affirmation, in a theory of the universe at once convincing and based on reflection. Without such a general spiritual experience, there is no possibility of holding our world back from the ruin and disintegration toward which it is being hastened."

In his second volume Dr. Schweitzer describes the path through which he has arrived at world- and life-affirmation and has been led to his view of ethics. He makes a comparative study of Oriental and Occidental religions and philosophies and concludes that Western thought has thus far failed to find a real ethical basis, providing a ground for the consecration of life to the service of ideals and conducing to real and effective action. Our philosophy, he says, has led us into a position where we are devoid of any world-view at all, and, as an inevitable consequence of this, of any real civilization. He believes that ethics develops from the same basis as life- and world-affirmation; that a truly ethical view constitutes a reverence for life; that reverence for life affords the fundamental principle of morality. In short, according to his view, good consists in maintaining, assisting, and enhancing life; and to destroy, to harm, or to hinder life is evil. He explains that affirmation of the world, affirmation of the will-to-live which appears in phenomenal forms all around, is possible only when one gives himself out for other life, and he continues: "Without understanding the meaning of the world, I act from an inner necessity of my being so as to create values and to live ethically, in the world and exerting influence on it. For in world- and life-affirmation and in ethics I fulfil the will of the universal will-to-live which reveals itself in me. I live my life in God, in the mysterious ethical divine personality which I cannot discover in the world, but only experience in myself as a mysterious impulse."

Again he says: "Every conviction which possesses real value is non-rational and enthusiastic in character, since it cannot be the product of knowledge about the universe, but arises from the reflective experience of the will-to-live, in virtue of which we leave behind all mere intellectual knowledge of the world. This is what rational thought, when continued to its final conclusion, grasps and understands as the real truth, in the strength of which we have to live."

He thus ranges himself with those who defend a mystical outlook on life and asserts: "We must all venture once more to become 'thinkers', in order to attain to that mysticism which is the only immediate and the only profound world-view. We must all make pilgrimage through the realm of knowledge until we reach the point where it passes into actual experience of the world's essential being. We must all become religious as the result of reflection."

He thus sums up what he calls the "tragedy of the search for a

world-view", and suggests a way out of the besetting difficulties, conscious, however, that he is using, combining, and thinking out to a conclusion many tendencies in the same direction which have appeared in the course of previous seekers along the same path.

He further records his conviction that the human race, to prevent its extinction, must be converted to a new and fresh mental attitude.

"A new renaissance, much greater than that in which we emerged from the Middle Ages, is absolutely essential—the great renaissance, in the course of which humanity will discover that the ethical impulse is the highest truth and the highest purposiveness, and will experience therewith its emancipation from the poverty-stricken sense of actuality, through the slough of which it now drags itself wearily along."

Dr. Schweitzer's desire is to be a forerunner of this renaissance, flinging his faith in a new humanity "like a burning firebrand into the gloomy darkness of our times".

One cannot help admiring the sincerity with which the author puts forth his views. His trend of thought shows that he fully appreciates the new points of view which give the emotional elements and the instinctive life so great a rôle in the psychology of civilization.

Mary O'Malley.

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Introduction to Medical Biometry and Statistics. By Raymond Pearl. Philadelphia: W. B. Saunders Company, 1923. 379 p.

Dr. Pearl's excellent résumé of statistical methods and their applications to medical problems will serve a useful purpose if only it gets into the hands of the people who need it most—namely, the medical men. Whatever the explanation may be, it is a fact that most physicians look askance upon statistical methods. They content themselves with the observation of a few cases, on the basis of which they attempt to draw generalizations concerning the nature of disease and its treatment. Some justification for this may be found in the progress that certain branches of medicine have made in recent years, particularly in the study and treatment of germ diseases. But there are scores of situations which the physician must face that do not admit of the application of the experimental method. And there are others in which, because of the multiplicity of factors involved and the variability of the phenomena themselves, a few observations are insufficient for purposes of induction. Possibly the majority of medical problems belong in these latter categories. The drawing of logical conclusions in such cases is not a simple matter. The whole of modern statistical science is an effort to achieve this very end.

It is a difficult thing, however, to make medical men and hospital authorities realize this, and they appear loath to coöperate with the statistician. Only very recently, certain hospitals in the state of New York were offered the opportunity of having their case histories properly analyzed by statistical procedure. Yet not one was willing to submit the necessary schedules. A book like that of Dr. Pearl's, admirably written in clear and concise language, ought to go far to convince medical men that the statistician has something to contribute to the solution of medical problems. The function of statistics in the broader field of public health has long been recognized. It remains only to establish an alliance with that branch of medicine that deals with therapeutics.

This volume differs from older texts in that it covers a wider field. There is a historical introduction in which the reader is familiarized with the great names in the science of statistics. This is followed by a discussion of the methods of gathering data and the newer mechanical methods of sorting and adding. The chapter on the drawing up of tables is very adequate. The text then takes up the problem of graphical representation. The first part of the book closes with a discussion of rates and ratios, life tables, and standardized and corrected death rates. The only criticism the reviewer would offer is that the discussion of life tables is too cursory, and likely to mislead the amateur into a belief that he is competent to draw up a life table without any further study of the subject.

Beginning with Chapter X, we are introduced to the newer statistical methods, a discussion of which was omitted by most of the earlier writers on vital statistics. The treatment of multiple factors, such as prevail in most medical problems, is explained in the chapters on simple and partial correlation. Chapter XII is one that the medical reader should take to heart, for in it are discussed two of the fundamental problems in statistics—namely, the relation of past experience to future expectation and the probability of two independent samples being drawn from the same population.

Lest the medical reader be frightened from the book by the thought that only a mathematical mind can appreciate it, the reviewer hastens to state that there is nothing in it that a mind of average logical ability cannot easily grasp. Without giving the complete mathematical development in each case, Dr. Pearl has managed to indicate the logical principles back of the methods themselves. This, after all, would appear to be the primary purpose of a book of this type. But whether or not he becomes statistician, as has happened in some noteworthy instances, this readable and instructive text will at least

convince the physician that there "is something in statistics" and that he ought at least to coöperate with the specialist in that branch of science.

Benjamin Malzberg.
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Diseases of Middle Life. Edited by Frank A. Craig. Philadelphia: F. A. Davis Company, 1923. Vol. I, 951 p.; Vol. II, 920 p.

The section on mind and nerves in Craig's *Diseases of Middle Life* has suffered from the necessity of being compressed into one hundred and fifty-five pages. It is divided into seven sub-sections: *Functional and General Diseases; Diseases of Peripheral Nerves; Diseases with Prominent Muscular Manifestations; Diseases of the Spinal Cord; Vaso-motor and Trophic Diseases; Syphilis of the Nervous System; Diseases and Disorders of the Brain and Mental Diseases.* The classification of the disease entities is at times excellent, but it also reveals serious defects. The combination of the muscular atrophies, myasthenia gravis and progressive bulbar palsy, under the heading "diseases with prominent muscular manifestations" is an instance of good grouping which has the virtue of emphasizing the cardinal symptom of muscular atrophy. However, neurasthenia, psychasthenia, and hysteria are considered in the same category with epilepsy, fibrositis, headache, migraine, vertigo, disorders of sleep, multiple sclerosis, paralysis agitans, tetanus, rabies, and sunstroke, the whole constituting a collection of the important psychoneuroses, organic diseases of the central nervous system with well-established pathology, and a few symptomatic odds and ends. It is unfortunate, too, that delirium, confusion, and stupor are treated as disease entities, instead of being discussed as manifestations of a fairly clear-cut and usually recognized subdivision—namely, "psychoses with somatic disease". Finally, the title *Psychoses Incidental to Child-Bearing* is scarcely a happy nosological selection, even though the text explains that no clinical entity is intended.

The descriptions of the various organic neurological diseases are characterized by praiseworthy clearness and brevity. They show the touch of a well-trained neurologist who is thoroughly familiar with his subject, and a surprising amount of information has been gathered together on a few pages. Special mention should be made of the author's ingenuous and useful method of supporting facial palsy.

The section devoted to mental diseases is less valuable. Psychiatry does not lend itself so readily to abbreviated treatment. Involutional melancholia is dismissed with a few lines, yet it is probably the most

typical and striking mental disturbance of middle life. The usual failing of textbooks is repeated in that the expansive form of paresis is stressed, and consequently the general practitioner is almost always at sea when confronted by other clinical types, which are far from infrequent. Paranoia is not sufficiently differentiated from paranoid conditions and paranoid dementia praecox. The average physician is apt to believe, with the newspaper reporter, that paranoiacs are to be found here, there, and everywhere. The fact that true paranoia is extraordinarily rare should be emphasized. A psychiatrist may consider himself fortunate if he meets ten cases during a lifetime of active practice.

A few pages devoted to an exposition of mechanisms in the psychoneuroses would have been helpful. There is much legitimate controversy and honest difference of opinion concerning the constructiveness of the psychoanalytic contribution, but the very attention it has attracted makes it practically imperative to concede to it a fairly extended discussion in any consideration of the neuroses, particularly hysteria.

The writing of a section on mental and nervous diseases for a general textbook is not a simple task. Only a limited amount of space is allotted. The author exposes himself to criticism for neglect if he omits any disease, and yet if he includes all, as Yawger has done, great sacrifices are involved in the process of curtailment. The psychology of middle life is of the utmost importance. There are many critical problems—physical, psychogenic, and environmental—to be met and solved during this life period, and failure of adjustment means the loss of that impetus which is required to carry life to a successful conclusion. It might have been worth while to have discussed the general aspects of this middle-life psychology in a way that would teach some of the lessons of mental hygiene. Nevertheless, the author made the best of the handicaps imposed and completed a satisfactory piece of work.

Edward A. Strecker.

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The Emotions, Morality, and the Brain. By C. v. Monakow. Authorized translation by Gertrude Barnes and Smith Ely Jelliffe, M.D. New York: Nervous and Mental Disease Publishing Company, 1925. 95 p.

When an elderly neurologist, whose abundant activities have lain chiefly in the field of brain anatomy, brain physiology, and brain pathology, sits down to write psychology, a confusion of terms and incompleteness of concepts may be expected. When he derives his

psychology chiefly from "Spinoza, Kant, Schopenhauer, A. Comte, H. Spencer, Wundt, etc.", though modified by "the writings of Von Breuer and Freud", his *a prioristic* trends cannot be wholly overcome by the influence of such biologists as Bichat, Darwin, Haeckel, Forel, and R. Semon. When the translators feel the necessity of apologizing in a brief preface for making a literal and sometimes obscure translation on account of the language construction of the original, a lack of clarity is to be expected. These conditions and difficulties, needlessly increased by the occasional use of mixed metaphors and other literary carelessnesses—or crimes—the reader will encounter in the volume under consideration.

But when, on the other hand, in the late afternoon of life a thoughtful and accomplished physician, a long-time practitioner and professor of neurology, sits down to systematize some of the broad generalizations and speculations that have come to him in the course of his varied experience and wide reading, one may expect results that are interesting, stimulating, provocative. In such expectation the reader of this monograph will not be disappointed.

When the reader has recovered from the irritation caused by his inability to be sure, in any given use of the word emotion, whether the author means emotion, instinct, will-impulse, or just what he does mean; after he has got accustomed to the phrase "causality" or "subjective causality" as a synonym for intelligence, reason, thoughts, imagination, reflection, intellectual activities—*i.e.*, for practically all kinds of ideational or thinking activities; and when he ceases to be surprised that "currents of emotional forms" "strive", "are worn out", "are 're-written' or transformed", all in one sentence—when the reader has reached this stage of receptivity without antagonism, he will be rewarded for his persistence in overcoming these difficulties.

The subject matter of von Monakow's monograph is so concentrated that it does not lend itself to ready summarization. It needs to be read *in extenso,* especially the twenty-four-page chapter on the pathology of the emotions.

The main thought seems to be that every cell of every creature, and every creature itself, from the unicellular organism to man, has in it "an inner germ of emotion"; and "every healthy creature is born with a germinative impulse, an impelling force toward a definite degree of perfection". "I incline toward assuming four basic types of instincts . . . upon which all later active and latent feelings, emotions, and their derived qualities are built up, and from which they evolve onward and upward to the point of character", including morality. These four types are (1) the self-preservative; (2) the race-preservative (sexuality); (3) the group- or tribe-preservative; and (4) the mankind- and world-preservative, God.

Phylogenetically and ontogenetically these basic needs cause the development of structures—cerebro-spinal, visceral, and sympathetic nervous systems, glands of internal secretion, and so forth—which in turn serve them. The emotions, as distinguished from, but developing along with, sensations and the sensory world (which includes ideas, knowledge, science, abstract thought), are based on these types of instincts; they develop through racial and individual experience, are guided and censored by "subjective causality", and thus come to have special values of great variety and complexity. Emotions are of two kinds, physical and psychical, the former associated chiefly with the "primitive life interests" (self-preservation), the latter chiefly with the higher instincts. Conflicts arise between them, some handled well, some leading to nervousness, neuroses, even psychoses. "We can conceive the neurosis and in large measure the psychosis as an unresolved phase in the struggle for the most important life interests of the individual (self-support, maintenance of the race, at any rate of human society and community with God or nature, the world)." In an interesting chapter, von Monakow outlines his ideas of the mechanisms at work in this struggle, including constitutional, developmental, physiological, pathological, and psychological (chiefly psychoanalytic) mechanisms. He devotes several pages each to phobias and to hysteria.

Decomposition or destruction of the higher emotions, temporary or permanent, may occur. Emotions connected with the primary instincts, those most important for life—as air- and food-hunger—cannot be decomposed. "What is decomposed in the realm of emotion are values which through culture and education are built up on fundamental instincts, through the mediation of countless ideas, being assimilated from these ideas", which are, "greater regard for posterity, for the family, for comrades (fatherland), then for the community . . . , and finally for the welfare of the whole cosmos, especially for man as such (humanity)". Though von Monakow devotes many pages to mental mechanisms, "the lion's share in the disintegration of the emotions, especially in the decrease of morality, must, however, be ascribed to the influence of the inner secretion, both active and latent, dependent upon the visceral and sympathetic nervous system".

The struggle to attain pleasurable sensations and individual advantage forms an elementary and primary factor in every living creature. Harmless pleasure in life seems to be granted naturally to children and animals. Adult cultured man seeks happiness, but "it is only attained by rational use of our powers, by the wise satisfaction of the instincts and emotions, by the observation of the requirements of morality".

The author offers a tentative "organization" of the emotions, based on the four types of instincts, which invites comparison with Professor McDougall's well-known classification. He gives also a schematic outline of the development of emotions and emotional values in ten age periods from earliest infancy to old age; and again he presents "in a roughly schematic way" a "biological scale" for the emotions and morality in nine phases, from the gratification of sex- and food-hunger to cultivation of the highest human ideals.

E. Stanley Abbot.

*Boston.*

Report of Census of Institutions for Mental Disease, U. S. Census Bureau. Washington: Government Printing Office, 1925.

The report of the Federal Census of patients in institutions for mental diesase, taken January 1, 1923, which has recently been issued, contains a great deal of information of interest to those who are working in the mental-hygiene field. The methods used in this census were similar to those employed in the censuses of institutions of 1904 and 1910, but the inquiries in the last census have a wider scope than those of previous years.

Among the new features introduced in the census of 1923, the following are most important:

1. Separation of first admissions from readmissions and transfers.
2. Classification of resident patients, first admissions, readmissions, discharges, and deaths with respect to mental diagnosis.
3. Data with respect to ex-service patients and patients in psychopathic hospitals and psychopathic wards of general hospitals.
4. Data with respect to paroled patients.
5. Data relative to the administrative personnel of state hospitals.
6. Data concerning value and acreage of state hospitals' plants.
7. Data relative to cost of maintenance of patients in state hospitals.

*Increase of Patients*

In the first part of the report, attention is called to the enormous increase of patients in institutions for mental disease shown by succeeding censuses since 1880. The figures relative to resident patients, beginning with that year, are as follows: 1880, 40,942; 1890, 74,028; 1904, 150,151; 1910, 187,791; 1923, 267,617.

The rate of resident patients per 100,000 of general population increased from 81.6 in 1880 to 241.8 in 1923.

While it is probable that the increase in mental disease is not as great as would appear from these figures, it seems probable that there

has been an actual increase in the rate of mental disease in the population of the country. Some of the increase is accounted for by the greater use of hospitals in recent times. It is also pointed out that there is an accumulation of chronic patients in the hospitals for mental disease, which causes the rate of patients under treatment to increase faster than the rate of new admissions.

In the tables comparing the rates of resident patients in institutions in the several geographical divisions of the country, it is found that the highest rate is in New England, the next highest rate in the Pacific division, and the third highest rate in the Middle Atlantic division. The lowest rate is found in the West South Central division.

In addition to the enumeration of patients resident in the institutions on January 1, 1923, the census covered the movement of patients during the year 1922. The patients received in institutions for mental disease during such year comprised 73,063 first admissions, 16,392 readmissions, 4,607 transfers, and 52 unclassified patients; a total of 94,114. The departures from the institutions included 52,777 discharges, 4,731 transfers, 25,656 deceased patients, and 52 unclassified cases; a total of 83,216. At the end of the year the resident patients numbered 267,617, and those on parole or temporarily absent 22,839. The increase in resident patients during the year was 9,196, and in paroles 1,702.

*Institutions Represented*

The institutions covered by the census numbered 526. Of these, 165 were state hospitals—including St. Elizabeths Hospital in the District of Columbia and the Asylum for Insane Indians, at Yankton, S. D.—148 other public hospitals, and 213 private institutions. The resident patients in the three groups of institutions numbered 230,829, 27,557, and 9,231, respectively.

*Race of Patients*

Of the 267,617 patients enumerated in hospitals on January 1, 1923, individual schedules were received for 265,829. The remainder, 1,788, for whom schedules were not received, includes 1,438 patients of the Montana State Hospital and 350 of various private institutions. Of the 265,829 patients tabulated with respect to race, 244,968, or 92.1 per cent, were whites; 20,084, or 7.5 per cent, Negroes; 244, or 0.1 per cent, Japanese. The rates per 100,000 of population of the same race based on the 1920 census were: white, 259.8; Negro, 192.0; Indian, 104.5; Chinese, 340.6; Japanese, 148.3. Unfortunately these rates cannot be taken as indicating the relative

frequency of mental disease among the several races. The rate for Negroes in New England and in the Pacific division is more than four times as high as in the West South Central division. In Massachusetts the rate for resident Negro patients is 644.4 and for resident white patients 408.8. The low rate of resident Negro patients in the South is undoubtedly due to the lack of adequate hospitals for the care of patients of this race.

The general rate of first admissions per 100,000 population for all races was 68.2. The rate for the whites was 69.5, for the Negroes 56.4, for the Indians 31.7, for the Chinese 146.5, and for the Japanese 58.2. In Massachusetts the rate of first admissions among the Negroes per 100,000 of population was 296.9, while in Texas the rate was only 18.1. In New York State, where there is no discrimination in the admissions of races, the rate of first admissions for the whites was 80.9 and for the Negroes 163.2. From these data it seems evident that were adequate hospitals provided for the care of Negroes with mental disease throughout the country, the general rate of Negro first admissions would considerably exceed that of the whites.

The apparent high rate of mental disease among the Chinese is due in part to the high average age of the Chinese in this country. The apparent low rate of mental disease among Indians has little significance.

*Native and Foreign-born Patients*

Of the 244,968 white patients enumerated, 169,296, or 69.1 per cent, were native; 69,984, or 28.6 per cent, were foreign born; and 5,688, or 2.3 per cent, were unknown with respect to nativity. It is probable that a large percentage of the unknown group were foreign born. In the general census of population in 1920, it was found that 85.5 per cent of the white population of the United States was native and 14.5 per cent foreign born. The rate of resident patients per 100,000 of population of same nativity for the native whites was 209.9 and for the foreign born whites 513.9.

Of the 65,500 white first admissions, 45,824, or 70.0 per cent, were native; 15,411, or 23.5 per cent, were foreign born; and 4,265, or 6.5 per cent, were of unknown nativity. The general rate of first admissions per 100,000 of population of same nativity for the native white patients was 56.8 and for the foreign-born white 113.2. The rates of resident patients and first admissions among the foreign born from different countries vary greatly, but in all instances the rates are higher than that of the native population. The highest rates are found among the foreign born from Austria, Ireland, Fin-

land, Germany, and Switzerland. The rate of foreign-born resident patients per 100,000 foreign-born population increased from 405.3 in 1910 to 513.9 in 1923. The rate of all foreign-born admissions increased from 116.3 in 1910 to 136.8 in 1922. The rates of admission among the native and foreign born are influenced by the age distribution of the general population.

The census for 1922 confirmed other studies in showing higher rates of first admissions for urban districts than for rural districts. The general average rate per 100,000 of population of same environment in urban districts was found to be 78.8 and in rural districts 41.1. The rate for males in urban districts was 89.6 and in rural districts 46.4, while the rate for females in urban districts was 67.8 and in rural districts 35.5. Evidently farmers' wives are especially favored in the matter of mental health. A comparison of rates of first admissions in cities of various classes shows that cities of 100,000 or over had a rate of 92.5, while cities from 2,500 to 10,000 had a rate of only 54.8. It is noteworthy that in 1922 more first admissions came to hospitals for mental disease from cities of 100,000 and over which had a combined population of 27,429,326 than came from the rural districts of the country with a total population of 51,406,017.

*Psychoses of Resident Patients*

The adoption of a standard classification of mental diseases by the American Psychiatric Association in 1917 made possible the enumeration of resident patients and admissions by psychoses in the census of 1923. While complete and uniform classification of patients could not be expected, the results are believed to be fairly trustworthy and to throw considerable light on the distribution of the various forms of mental disease throughout the country. Naturally, the diagnosis of admissions was better than that of resident patients. Of the 265,829 resident patients tabulated, only 14,235 were reported in the group of undiagnosed psychoses. In view of the large number of patients that had been in the institutions more than ten years, this group was smaller than had been expected.

Among resident patients the chronic groups naturally predominate. The dementia-praecox group comprised 114,240 cases, or 43.0 per cent of the whole; the senile group 13,585, or 5.1 per cent; the manic-depressive 40,751, or 15.3 per cent; the paranoic group 11,953, or 4.5 per cent; the general paralysis group 9,394, or 3.5 per cent; the alcoholic group 7,396, or 2.8 per cent. The census gives a comprehensive comparison of the prevalence of various forms of mental disease among resident patients in different parts of the country. The rates for the several groups vary greatly in the various states.

For example, in the dementia-praecox group the rate of resident patients per 100,000 of population varied from 235.5 in Massachusetts to 27.7 in Florida. The rate for New York State was 233.3, which is only slightly below that for Massachusetts. The rates in the manic-depressive group vary from 76.3 in Virginia to 6.9 in Utah.

*General Paralysis*

On account of the nation-wide efforts being made to prevent the spread of syphilis, the rates of resident general-paralysis cases in the several states are of special interest. The general average rate per 100,000 population for the United States of resident patients in this group was 8.9. Marked variations from this rate were found in several states, but there was not the extreme variation found in some of the other groups. The highest rate of resident general-paralysis cases was that of California—17.2—and the lowest that of North Carolina—0.4.

*Alcoholic Psychoses*

The relative prevalence of alcoholic patients in the several states is of special interest on account of the laws restricting traffic in intoxicating liquors which went into effect during the war period and were made more rigid in 1920. The general average rate per 100,000 of population of resident patients with alcoholic psychoses was 7.0. The rate for New England—22.5—was much higher than that for any of the other geographic divisions of the country. Marked differences are noted in the rates of the several New England states, the rate for Maine being 7.4, for New Hampshire 21.0, for Vermont 2.3, for Massachusetts 27.8, for Rhode Island 14.7, and for Connecticut 25.1. Other states having a rate of resident alcoholic patients above 10.0 were New York with 10.7, New Jersey with 13.7, Minnesota with 17.3, and California with 12.8. The states that had a rate of less than 1.0 per 100,000 in the alcoholic group were North Dakota, South Dakota, West Virginia, North Carolina, South Carolina, Georgia, Tennessee, Alabama, Mississippi, Arkansas, and Texas.

*Psychoses of First Admissions*

The rate of first admissions per 100,000 of population constitutes the best available index of the rate of serious mental disease in various parts of the country. It is well understood that in comparisons of this kind allowances have to be made for several factors, chief of which is the relative availability and accessibility of good hospitals for all classes of mental cases in the several states. The states that

are not well provided with hospitals or that discriminate against patients of certain races would naturally have less than their true quota of first admissions. Allowance must also be made for lack of uniformity in diagnosis. It is not believed, however, that such lack is serious enough to invalidate the data given. In the country as a whole the rate of first admissions per 100,000 of the general population in the senile group was 6.5, in the arteriosclerotic group 3.3, in the general-paralysis group 6.0, in the alcoholic group 2.6, in the manic-depressive group 10.8, in the dementia-praecox group 14.8, and in the psychoneuroses and neuroses group 2.6. The rate in each of the other definite groups was less than 2.0.

In the general-paralysis group the rates in the states containing large cities are generally higher than in the other states. This result would be expected, as syphilis is more prevalent in cities than in rural districts. The rates in the alcoholic group are likewise higher in states with large cities, although the rates in this group are influenced by many other factors. The rates in the manic-depressive and dementia-praecox groups are probably affected more by lack of uniformity in classification than those of other groups. In the greater number of states the rate of dementia-praecox first admissions is higher than that of manic-depressive first admissions, but in a few states the manic-depressive rates are decidedly the higher.

The relative frequency of the various psychoses among first admissions varies widely in the several states. The percentages of the principal groups for the United States as a whole were as follows: senile psychoses, 9.5; psychoses with cerebral arteriosclerosis, 4.8; general paralysis, 8.8; alcoholic psychoses, 3.8; manic-depressive psychoses, 15.9; dementia praecox, 21.7; psychoneuroses, 3.9. In the Veterans' Bureau hospitals, 36.2 per cent of the first admissions were classified as dementia praecox and 52.9 per cent as psychoneuroses and neuroses.

An exact comparison of the relative frequency of general paralysis in 1910 and 1923 cannot be made, but the data compiled show that this form of mental disorder constituted 6.4 per cent of the total admissions in 1910 as compared with 7.9 per cent of total admissions in 1922. It is probable that the disease was better diagnosed in 1922 than in 1910. In 1910 the cases diagnosed as alcoholic psychoses constituted 10.1 per cent of the total admissions. In 1922 the percentage had fallen to 3.7. The change has been brought about by a change in the habits of the people with respect to drinking and by the Eighteenth Amendment and laws prohibiting the manufacture and sale of alcoholic beverages. Reduction in the percentage of

alcoholic admissions is noted in nearly every state, but the marked differences in the percentages in the several states indicate that the use of alcohol as a beverage is far from being eliminated or standardized.

The report gives several elaborate tables dealing with the relation of the various pyschoses to environment, sex, and age.

The results obtained in the care and treatment of patients in the several states are analyzed in a separate article in this issue[1] and are, therefore, not included in this summary.

*Ex-service Patients*

The schedules received for ex-service patients included 8,184 resident in institutions, 5,211 first admissions, and 1,706 readmissions. Of the resident patients, 5,235, or 64.0 per cent, were diagnosed as dementia praecox; 420, or 5.1 per cent, as general paralysis; 494, or 6.0 per cent, as manic-depressive; and 611, or 7.5 per cent, as psychoneuroses and neuroses. The remainder were scattered among the other 19 groups. Of the first admissions 2,090, or 40.1 per cent, were dementia praecox; 295, or 5.7 per cent, general paralysis; 397, or 7.6 per cent, manic-depressive; and 1,027, or 19.7 per cent, psychoneuroses and neuroses. Among the readmissions 616, or 36.1 per cent, were dementia praecox; 50, or 2.9 per cent, general paralysis; 165, or 9.7 per cent, manic-depressive; and 498, or 29.2 per cent, psychoneuroses and neuroses.

The census of psychopathic wards of general hospitals indicates that these institutions are performing a very important function in the care of mental patients. On January 1, 1922, there were 2,135 patients resident in such wards; 33,432 patients were admitted during the year, 32,903 were discharged, and 822 died in the institutions, leaving a resident patient population in such wards of 1,842 on December 31, 1922. The total cases treated in these wards during the year numbered 35,567.

The data contained in the report concerning the administrative features of the state hospitals will be found of special interest and value to superintendents and managers of such hospitals.

*New York State Hospital Commission.* HORATIO M. POLLOCK.

[1] See pp. 783–804.

ORGANIC ADAPTATION TO ENVIRONMENT. By G. E. Nichols, L. L. Woodruff, A. Petrunkevitch, W. R. Coe, G. R. Wieland, C. O. Dunbar, R. S. Lull, and E. Huntington. Edited by M. R. Thorpe. New Haven: Yale University Press, 1924. 312 p.

"One of the great triumphs of modern science", says Professor Huntington in his chapter on environment and racial character, "is

the widespread recognition that man is subject to the same laws as plants and animals.'' At a time when primitive religionists are attempting to renew superstitious opposition to this principle on the ground that man is unique in origin and nature, and when certain psychologists, like Professor L. L. Bernard, are attempting to dissociate human instincts, habits, and mental traits in general from any hereditary basis, it will be well for students of mental hygiene to give especial attention to modern research on evolution and genetics, the better to evaluate such manifestations. The symposium under review, a series of lectures by members of the Yale faculty, will serve this purpose in a broad way and cannot fail to afford the reader many new ideas to be followed up elsewhere in greater detail.

The most important of the very diverse contributions is that of Dr. Coe on mutation and environment, since it provides in brief compass and with adequate illustration a reliable statement of what is known about the chromosomal basis of biologic traits. In particular this chapter is to be recommended because it shows clearly how modern genetics has afforded new support to the theory of natural selection by clarifying our conception of variation and heredity—those aspects of Darwinism which were formerly most obscure.

Professor Nichols, in the first chapter, discusses the relations that obtain between plants and the inorganic environment, showing how such ecological studies may be made somewhat rigorous and their results take form as scientific laws. Like the paleontologist Dunbar (who writes of the ancient cephalopods), Nichols is not quite sure that the neo-Lamarckian factor in evolution must be discarded—''the relationship between reaction and congenital structures in plants'' is, he thinks, still open to varying interpretations. Woodruff's paper on the Protozoa summarizes the results of experimentation on adaptation to new conditions; in it the author accepts mutation and natural selection, but admits his inability to interpret the adaptive power ''in fundamental terms''.

Petrunkevitch discusses the phenomena of parasitism in relation to Darwinism, holding that the environment is a stabilizing factor of well-fitted types, rather than an eliminator of the less fit. But how this idea in any way weakens the force of the theory as generally understood is not clear, although the author apparently thinks that it does.

Wieland, Dunbar, and Lull treat of fossil plants, cephalopods, and dinosaurs respectively, discussing their relations to environment in considerable detail. The climate, for instance, of past geological ages is, however, something of which our knowledge is to say the least scanty, and so these chapters take on a vague and hypothetical aspect

which is in distinct contrast to the scientific definiteness of much that has gone before. Still, an amazingly large amount of data on these extinct forms are available, and the reader can easily pick his way between fact and fancy.

In the last chapter Huntington gives a condensed summary of his recently published work on the racial effects of climate. The supposed influences of aridity, glaciation, and disease (such as the Siberian madness) on primitive man are sketched according to the author's characteristic views; but always the selective efficacy of such environmental factors is emphasized. "The character of any race, its ability to produce genius, and hence its history, are functions partly of its present environment, and partly of countless past environments which have selected first one type and then another for preservation, and thus have played a large part in molding racial character."

The contributions collected in this volume are diverse in method, point of view, and underlying bias; but they are all well written and the book as a whole is most excellently printed. Some of the chapters have a brief bibliography appended and there is a general index.

H. M. Parshley.

*Smith College.*

Your Mind and You. By George K. Pratt, M.D. New York: Funk and Wagnalls Company, 1924. 70 p.

The National Health Council has given us many notable contributions in the educational campaign of the past few years, but none more constructive and forward looking than Dr. Pratt's work on mental hygiene.

It is a most difficult task to embody the essential rules of mental health in 70 pages, but Doctor Pratt has done it, with consideration for sound, established truths and yet in such simple phraseology that even the "moron" should recognize his or her mental handicaps.

The aim of present-day teaching is not to be didactic, but rather to stimulate the pupil to think out his problems. *Your Mind and You* has in this respect been true to modern educational methods, by its constant insistence on the importance of searching for and understanding the causes of mental maladjustment instead of trying to memorize a list of symptoms and supposed remedies.

It has been said that psychiatry is "over-sold", and this is probably true. That being the case, the author's oft repeated advice to "consult a psychiatrist", while theoretically sound, is practically difficult, for there are in this country many communities with populations

of 50,000 in which there is no psychiatric clinic and even no psychiatrist. This deficiency is being met by the leaders in the work, but it will be several years before we are able adequately to meet present-day demands for help in the problems of mental adjustment.

Personally, I wish that the historical chapter in *Your Mind and You,* brief and interesting as it is, had been cut to an even briefer space, and that Dr. Pratt had added a page or two on alcoholism and drug addiction as psychiatric problems representing a constitutional inadequacy in the victim, for certainly these two disorders add materially to our problems of delinquency, crime, and social maladaptation.

Rarely, the author, in his zeal for a virile psychiatry that attacks inadequacy with stern weapons, falls into minor inaccuracies, as on page 41 where he recommends for "only children" schoolmates "not too refined". If we follow the accepted usage of "refined" as cultured, we could hardly discriminate against truly cultured schoolmates, although we might against pampered ones. Again, on page 43, in discussing "nervousness", the statement, "it is a disorder of function and does not affect the brain", undoubtedly means "does not affect the structure of the brain", for we could hardly conceive of nervousness in the face of a brain unaffected in structure or function.

With these few minor constructive prerogatives of the reviewer, let me conclude by saying that this little book, with its clear unfolding of mental problems, its insistence on prevention in childhood, its frequent examples, and its note of modest optimism, is a truly great primer of mental health.

Arthur H. Ruggles.

*Butler Hospital.*

Vocational Self-Guidance. By Douglas Fryer. Philadelphia: J. B. Lippincott Company, 1924. 385 p.

The subject of vocational guidance lends itself peculiarly to facile minds and facile pens—as well as to quacks and charlatans. To organize education, classify industry, and analyze personality in such a way as to eliminate that terrifying concept of the round peg in the square hole has for a generation intrigued educators, industrialists, social workers, and psychologists. To supply easy answers to the thousands of young men and women who each year ask and re-ask themselves, "What shall I do?" has been a commercially profitable business. From both the academician and the profiteer, vocational guidance has suffered. For while there is nothing mysterious about it, an educator who knows little of industry has

an insufficient basis either for giving vocational counsel himself or for laying down general principles for its development. A psychologist who understands neither industry nor educational resources and problems brings to it an equally one-sided point of view. Personality, industry, training, contain the broad and basic subject matter which the developing methods of vocational guidance must utilize.

Dr. Fryer is a psychologist. He is also a member of the faculty of New York University. But what makes his book pertinent—and is the source from which comes most of its original contribution—is the fact that for several years he was director of the Vocational Department of the Brooklyn Central Y. M. C. A. He knows industry —and he has been responsible for giving advice and counsel to many hundreds of young men. *Vocational Self-Guidance* is not a textbook—nor is it a treatise intended as a contribution to the theory of vocational guidance. It is a practical aid to the countless number of men who are confronted with the same vocational problems as those who came to Dr. Fryer's office during his years in Brooklyn.

As such it should take the place of much of the literature that has been used for this purpose. Tracts or pamphlets on "choosing a career", "finding yourself", and the like have been abundant and abundantly used. They have with few exceptions been superficial and inadequate. In his first section Dr. Fryer has drawn carefully on all that modern psychology has to give in self-analysis—and however embryonic later developments in that science may prove these present devices to have been, the several tests for general intelligence that he gives are the best there are. So also are his schedules by which the individual rates his own personality, health, industry, leadership, and the like.

While no occupational classification can be entirely complete or consistent, the broad division into the professions, commercial occupations, maintenance occupations, and the crafts, which Dr. Fryer gives in his second section, does meet the purpose for which it is intended—namely, that of stimulating the individual to think in terms of fundamental economic functions, of broad types of activities, main lines of self-interest.

Of particular interest, and original with him, is the classification and treatment of the "business professions". These are grouped under Commercial Occupations, Mental Work Section, and include the new and growing vocations of publicity, advertising, banking, real estate, insurance, purchasing, personnel, and the like. These do the "brain work of the distribution process", and "often require training and social status similar to many of the professions". They

are for the "A" and "B" men who do the "creative work of society". They are primarily a "development of applied science . . . but unlike the applied sciences which are an application of pure science on art and business, these vocations have had a practical evolution. They have developed *in* business."

Because, on the one hand, so many of the "A" and "B" men—the ones most likely to take an intelligent interest in planning their careers—are to-day going into these new "business professions", and, on the other hand, because of the very considerable literature available about the older and well-established professions, Dr. Fryer has included twenty-seven sections on the more important of these new fields, contributed by leaders in them. Some give an exceedingly practical insight into the vocational problems and opportunities presented—that, for example, on highway transport by F. W. Fenn, secretary of the National Motor Truck Committee of the National Automobile Chamber of Commerce, or the section on architecture by Frederick W. Ackerman, of New York City. Others, notably the chapter on advertising, by Frank Presbrey, of the Frank Presbrey Company, are extremely superficial. At the end of each section, however, is an excellent bibliography for those who wish to pursue the subject further.

In two very excellent chapters, Dr. Lorine Pruette points out that the industrial fields for men and for women cannot be separated. Industry is industry; the problem of the woman is to shape her career intelligently on a basic knowledge of its opportunities and her own particular talents and interests. That in the present day and age women, as a group, face certain problems that men do not is undeniable, and these problems Dr. Pruette analyzes. But the essence of vocational self-guidance is the same for both.

Vocational guidance itself has ambitions to become an applied science, and its students as well as the practicing counselor will find much in *Vocational Self-Guidance* that is extremely suggestive. As a psychologist, for example, Dr. Fryer assumes the general intelligence test as an adequate basis for determining mental and creative ability. His method for analyzing health, cultural characteristics, personality, industriousness, leadership, coöperation, and so forth, is that of comparative rating with three or five selected individuals. He thus answers in the affirmative what many counselors are still debating: "Has clinical psychology sufficiently developed its methods for determining personal traits and characteristics to warrant such complete confidence as he gives to them?"

He shatters effectively the "round-peg-in-the-round-hole" theory. "Generally a choice of any work within a certain large field of

interest may be satisfactory. Within a certain range, occupations are similar except in detail, demand similar qualifications, and are similar in their qualifications. They interest similar people."

He recognizes, as did Sidney Webb some fifteen years ago, that "the faculty of finding work is wholly distinct from the faculty of doing work. Each faculty grows with use and shrinks with disuse." Dr. Fryer has two chapters on "getting the job" which express a point of view that the vocational counselor who sits blandly in his office and dispenses advice would do well to consider.

His own conception of his main contribution to method is of course expressed in the title. "It has been found that in the last analysis the intelligent man can benefit from nothing save vocational self-guidance." Stripped bare of qualifying circumstance, this may be true—yet we suspect that Dr. Fryer, in trying to get away from the quack with his artificial categories or the counselor who tends to dogmatize, has leaned over backwards. The average young man or woman who is choosing a career does need assistance and counsel. He needs more than statistics and pages of printed information; he actually needs help, not only in reaching conclusions and decisions, but in mapping and carrying out a course of action based on them. The practical job of a vocational counselor is one that itself needs analysis—one whose technique and principle are in the very earliest stages.

But that is—or should be—quite another story.

Bradley Buell.

*The Council on Immigrant Education, New York City.*

Psychological Tests in Business. By A. W. Kornhauser and F. A. Kingsbury. Chicago: University of Chicago Press, 1924. 184 p.

Since the use of trade tests in the army during the war, there has been increasing interest in and demands for objective measures of aptitude and skill in the various occupations. The demand for such tests and faith in their results have run far ahead of the material available. It is quite true, as the authors of this book state, that the industrial-test idea has been "over-sold". It takes a long time to standardize a test that will select successful and efficient workers, and when such a test has been standardized for a given industry, it cannot be applied without change to another similar industry. Conditions in no two places are the same, and tests must be especially adapted to meet the needs of a given industry in a given community.

The authors of this book have given a very excellent exposition of the present status of psychological tests in business. The book can be read with profit by any employment manager or personnel man. In a

concise and succinct manner, involving few technicalities, these questions are answered: What are psychological tests? What is the difference between a good test and a poor one? For what business purposes are psychological tests used? What limitations have these tests?

Throughout the book a conservative scientific point of view is maintained. For example, in speaking about the various traits that may be tested, the authors give this warning: "Let us note, in passing, that measuring these traits by no means implies placing a corresponding moral or social valuation on them. Superior scores and inferior scores refer primarily to amount, not to value. Whether high scores are or are not desirable—and they may be either—depends on the purpose for which we would use them." For example, there are certain jobs for which a high grade of intelligence would be a handicap rather than an asset, would make for dissatisfaction and increased labor turnover. It is necessary to find critical scores above or below which people would not qualify. The method of finding such critical scores is carefully and clearly illustrated. Samples of tests that have been found serviceable by various firms are given, with a discussion of their value in general. Selected references give the sources of many of the investigations.

Tests are used not only as aids in the original selection of employes, but also for research and administrative purposes. They furnish an objective measure that serves as a guide for transfer and promotion and as an aid in analyzing labor turnover, in making comparisons of different groups, and "in explaining inadequate individual output".

From the amount of literature written on the subject, one might believe that psychological tests were being employed very extensively in business. The authors point out that although many concerns are interested, there are only a few which have adopted test methods, and even in those, psychological tests are used in a limited degree. There is still a big field for pioneer work. However, it is not only the business men who must become interested in psychological methods; the workers must be brought to view them with less suspicion. In fact, if they are to be of real value in industry, the worker must come to feel that they are of primary use to him. In employment work, the applicant takes them for granted, but it is sometimes difficult for the older workers to be induced to take them. The misuse of the Taylor system has cast suspicion upon so-called efficiency methods. The effect of this unfortunate mal-education will have to be overcome. Both workers and employers need to take more account of personnel

factors, and any tests that will throw light upon human behavior and individual differences will aid toward better adjustment. But psychometric tests will tell only part of the story. Man is too complex to chart in terms of quantitative measurements. Without personality studies that reveal the underlying drives of each individual, much injustice can be done by too free an application of test methods. While this matter is touched upon by the authors, it is not sufficiently stressed. Now that industries are beginning to take for granted the value of psychological methods in measuring ability, it is time to begin to educate them in such matters as the effects of emotional crises on individual output and liability to accident and such matters. It is at this point that the fields of industrial psychology and mental hygiene converge.

Sadie Myers Shellow.

*Smith College School for Social Work.*

What is Psychology? By Charles W. Hayward, M.D. New York: Alfred A. Knopf, 1923. 254 p.

Recreating Human Nature; Being an Exposition of the Making of Psychology. By Charles W. Hayward, M.D. New York: Alfred A. Knopf, 1924. 290 p.

*What Is Psychology?* is a loosely written, naïve book. There is in it a religious, moralizing, evangelistic fervor which is likely to conceal whatever of psychology the book may contain. Platitudes and self-evident, time-worn truisms, "bromides", are superabundant. These are set forth by the author as if they had been discovered by him and now for the first time given to an expectant public. More difficult to contend with, for the reviewer at least, than all this is the pitiless, thoroughly needless repetition of these bromides, at times not so "psychologically" described.

The aim of the book is to answer the question, What is Psychology? The author makes many attempts to do this, drawing often on the field of physics. A few characteristic attempts of this kind will be quoted. For instance, on page 194: "The importance of the science of psycho-synthesis ought to be evident to each of my readers, as I have taken considerable pains to demonstrate that each fragment of the environment must be recognized as one integral electron, within one of these atoms, the cohesion of which will make the individual psychological molecule of their child. Also that each of these environmental electrons is either of a true or a debased standard, according to their own competence, or incompetence, in insuring true or debased environment for their child. I have stated that their own 'atmosphere', their own psychological force, and the similar forces of the

companions selected, give the energy to each electron within the atom." Again, on page 196: "But there is one extremely precious and hopeful possibility in the combined sciences of psycho-analysis and synthesis and psycho-therapeutics; and this is that after we have exercised the untiring patience of the analysis, and traced back through the molecule to the atom, and through the atoms to the electrons, we can select any particular atom or electron which is debased in character or mischievous in activity, and we have a limited, but definite power, not of removing this debased electron or scotching its activity, but certainly of correcting in some measure its diseased state and controlling its disturbing energies."

The author properly emphasizes the too great importance heretofore placed upon heredity, which really served as a convenient trash basket for psychological difficulties with which we could not contend, or the origin of which we could not discover. The author also lays stress upon early impressions, soon after birth, but unfortunately brings little material from already widely known sources to give weight to what otherwise might appear to be dogmatic statements.

On the whole, in the opinion of the reviewer, there is little likelihood that any one who does not already know what psychology is will learn what it is from reading this book.

There is no more or less to be said of the second book by this author than of the one just reviewed. The material gone over is in the main covered in the first book and is treated in the same manner. The author writes with a sureness and positiveness of achieving results which, in the experience of the reviewer, are manifested by such as have not had much to do with psychological problems.

*New York City.* ADOLPH STERN.

THE CASE AGAINST EVOLUTION. By George Barry O'Toole. New York: The Macmillan Company, 1925. 407 p.

If one has read little or nothing of the case for evolution, or if one is a Fundamentalist, one might find Mr. O'Toole's *Case Against Evolution* convincing, or perhaps disquieting if one had automatically accepted the theory as a completed and essential part of a civilized background. Father O'Toole shows that the evolutionary story is still uncompleted, and performs a real service in listing the gaps in the evidence and the inconsistencies between the various hypotheses as to the methods of transformism. Scientists have no reason to be grateful if their public lets them dogmatize. The Chautauquan pseudo-scientists who teach with pedagogic positiveness each new hypothesis as the only true method are the very people who help to make possible an audience for a "case against evolution".

It is wholesome to be reminded that there are still unanswered problems in every field for our children to solve. We must await further fossil histories and laboratory experiments before evolutionary history can be completed. Even when it is complete, it may be, as Vernon Kellogg says "no ultimate explanation of life itself".

But Mr. O'Toole need not wait. He knows that "the truest thing that Science is, or ever will be, able to say concerning the problem of organic origins is that she knows nothing about it". He accepts, however, all of inorganic matter with no show of amazement either at the starry firmament or at radio-activity. His book shows the diligence that a doctor of philosophy must have, and a nice use of the vocabularies of the sciences. Yet one might wonder at the many quotations from the *Thoughts of a Catholic Anatomist.* Would there be some special value in the dicta of a Presbyterian dentist? It is in parts no more emotional than Mr. Osborn's *The Earth Speaks to Bryan.* And, by the way, when Mr. O'Toole speaks of Mr. Osborn, he calls him "that reckless foe of scientific caution and conservatism".

The first half of his book contains all his useful (and very adequate) flaw picking. The last half is largely devoted to subjects beyond the range of the evolutionist, such as the origin of life and of the human soul. But Mr. O'Toole deals with them. He knows all about the soul: "the human soul . . . a self-subsistent and spiritual entelechy, is by itself, apart from its material substrate, a sufficient subject of existence, and is therefore capable of surviving the dissolution of its complementary principle, the organism. Nevertheless, even in man, the soul forms one substance with the organism, and the organism participates as a coefficient factor in all his vital functions, both physiological and psychic, excluding only the superorganic or spiritual functions of rational thought and volition, whose agent and recipient is the soul alone". "Rational thinking and willing, on the contrary, are classified as superorganic or spiritual functions, inasmuch as they exclude the coagency of the organism and have the soul alone for their active cause and receptive subject." "Finally, the soul must be incorporeal; since, if it were a corporeal mass, it could not be 'a formative power pervading the growing mass as a whole' (Wilson); for this would involve the penetration of one body by another. Consequently, the soul is a simple, inextended, incorporeal reality undispersed into quantitative parts." ". . . brute animals give no indication of having so much as a single function which proceeds from the soul alone and which is not communicated to the organism."

Mr. O'Toole knows all about the mind: "The spiritual mind of man represents an eminence to which evolving matter can never

attain." "The mind . . . must be an abiding and unitary principle distinct from our composite bodies, and from our manifold and fleeting thoughts." "Intellectual thought, therefore, is a super-organic function, having its source in a spiritual principle and not in a corruptible organ."

As to evolution, he knows it isn't so: ". . . history gives the lie to the evolutionary conceit that civilized man has arisen from a primitive state of barbarism". ". . . savagery and barbarism represent a degenerate, rather than a primitive state . . ." "History and philology are far more solid and certain as a basis for inference than are 'index fossils' and prehistoric archeology; and the lesson taught by history and philology is that primitive man was not a savage, but a cultured being endowed with an intellect equal, if not superior to, our own."

But his most important statement is: "It is easy to question the validity of this or that kind of human knowledge, but difficult to arrest, or even foresee, the consequences which the remorseless logic of scepticism portends." It is his way, and mine, of recommending that instead of reading his book, you re-read Vernon Kellogg's *Evolution*, and that before you allow your children to read the Old Testament, you see to it that they read, and re-read Jensen's *The Long Journey*.

Donald B. Armstrong.

*Metropolitan Life Insurance Company.*

Our Changing Morality; A Symposium. Edited by Freda Kirchwey. New York: Albert and Charles Boni, 1924. 249 p.

The interest of this symposium is vouched for by the names of the authors: Bertrand Russell, Arthur Garfield Hayes, Elsie Clews Parsons, Beatrice M. Hinkle, Charlotte Perkins Gilman, Edwin Muir, Sylvia Kopald, Isabel Leavenworth, Alexander Goldenweiser, M. Vaerting, Floyd Dell, Florence Guy Seabury, J. W. Crutch, Ludwig Lewisohn, and Louis Fisher. The articles fulfill the promise implied in the list of contributors and treat contemporary problems of sex and society with frankness, with brilliant satire, and with dignity. In this age of sex-colored literature, it is rare to find a book that departs sufficiently from the usual to be worthy of comment, yet this one is remarkable for its conciseness, its clarity of thought, and its literary style.

Bertrand Russell's *Styles in Ethics* forms a fitting opening to the series, with its bird's-eye view of moral customs as so largely a matter of time and place. It is followed by a description of the absurdly varied laws regarding marriage and divorce that exist not

only in different countries, but in the different states of our own country In the next pages, Elsie Clews Parsons comments upon some of the different views of marriage and divorce held by members of the same social or even family circle. The repeated emphasis on differences of view in the opening articles prepares the reader for whatever ideas contrary to his own personal opinions he may encounter in succeeding pages.

The predominating theme is woman, her new economic and social freedom, and the effect upon social morality of these changes in her position. Once or twice it is hinted that in attempts to change the old double standard of morality, women have "fallen" to the masculine standard, but for the most part their emancipation from old sex conventions is acclaimed as hopefully as their other advances. In general there is a recognition that the freer relations between men and women are more biologically honest and the wish that social approval be bestowed on these new modes of behavior is implicit even where not openly expressed. Changes in society have always been initiated by a courageous few who frequently paid a heavy price for their boldness in running counter to group tradition. If the formulation of new conventions to replace the slowly disintegrating old ones can be hastened by literature, then we cannot have too many expressions of opinion from our writers.

It is granted that women have achieved for themselves a position of economic and social equality with men, in theory if not always in fact. There are still such matters as salary preferences in favor of men in many instances; there are still women whom domestic duties keep from public life; and women still have to face the probability of misunderstanding and criticism when they take for themselves the privilege of extra-marital sex relationships, which in the past have been approved only for men. But these difficulties have diminished steadily for some time, and may be counted upon to continue decreasing until they have practically disappeared. This brings us to the next salient point discussed in the symposium: What are women going to do with their independence? What use are they going to make of their opportunities? The way is open for the woman of genius—but does she exist?

However anxious the authors may be to prove that she does, they all admit that she is a rare phenomenon. Moreover, they are genuinely puzzled by the scarcity of women geniuses. Sylvia Kopald sums up the arguments for and against the theory of greater masculine variability, and concludes that there is little valid evidence to support it. She believes that the capacity for great achievement is inherent in women as frequently as in men, and that when women

have become sufficiently stabilized in their new social traditions, there will be as many women as men geniuses. Goldenweiser, while admitting woman's share in primitive culture and her high position in certain fields of accomplishment in modern society, believes that she will never show genius in musical composition, philosophy, or literature. He bases this opinion on the assumption that there is a fundamental difference in the psychology of men and women, resulting from their biological functions, so that woman, even in her work, remains the eternal mother. Vaerting, on the other hand, sees in our present times a direct movement toward the development of more and more similarity between the two sexes, biologically and psychologically.

It is perhaps somewhat surprising that no closer link between the old morality and the absence of the woman genius is not intimated. It might be suggested that in at least two of the fields where men so markedly outstrip women—philosophy and literature—not only native endowment, but breadth and depth of experience are powerful factors. Jung once stated that in order to be capable of understanding the feelings of others, one must experience all emotions oneself. Is it not also possible that the man or woman who creates a widely applicable philosophy or constructs a great novel or play must have had much experience with life? However free women have become, there are still, as there always have been, many experiences which are not open to them. Men may know all classes of people, from the most degraded to the most exalted; they may live in the most wretched of hovels, with the coarsest of women and the most brutal of their own sex for comrades, and be accepted again by their own social class. To women, this possibility of extremes of experience, this first-hand knowledge of life in all its phases, has been and still is denied. Repressed as to emotions, circumscribed as to conduct, guarded even from knowledge of good and evil, how could women develop into feminine Tolstois or Anatole Frances?

PHYLLIS BLANCHARD.

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## NOTES AND COMMENTS

*Arizona*

The 1925 legislature enacted a law providing for the return to the countries of which they are citizens of alien public charges in the state hospital for mental diseases and other state institutions. This law also provides for the return to the state of their legal residence of non-resident public charges of this state, and for the return to this state of its citizens who are public charges in other states.

*California*

A State Department of Public Welfare is created by Chapter 18, Laws of 1925. This department succeeds to all the duties and powers of the State Board of Charities and Corrections, under whose jurisdiction are the charitable, correctional, and penal institutions of the state, including the state hospitals for mental diseases.

A committee to make a thorough and exhaustive study of the use of narcotic drugs in this state was authorized by the 1925 legislature.

A commission for the reform of criminal procedure is created by Chapter 346, Laws of 1925. It shall be the duty of this commission to make a study of the methods of criminal procedure in this state and to recommend to the 1927 legislature a new system of criminal procedure or amendments to the present one. The sum of $10,000 is appropriated for the expenses of this commission.

*Indiana*

The board of county commissioners of any county in which there is located a city of 50,000 or more population may provide a detention home or hospital for the temporary care of persons charged with insanity and pending the hearing on such charge, and of persons adjudged insane, feebleminded, or epileptic and ordered admitted to or otherwise admissible to institutions for such persons pending their admission, by the terms of Chapter 12, Laws of 1925. Such home or hospital shall not be connected with the county jail, and shall be in a substantial building, properly heated and lighted and under proper supervision, and the county physician shall furnish such medical attention as may be necessary.

*Massachusetts*

The commissioner of mental diseases and the commission on administration and finance are jointly authorized by the 1925 legislature to

sell the property of the Norfolk State Hospital. This hospital was opened in 1914 to care for inebriates and later became United States Public Health Service Hospital No. 34 for the treatment of epilepsy.

*Minnesota*

A 1925 law, concerned primarily with the care of children unsuitable for adoption, contains, among others, the following provisions:

> "Whenever a juvenile court shall find a child to be dependent and it appears that such child is not at the time a proper subject for commitment to the state school for feebleminded, but is so handicapped physically or mentally that he cannot be admitted to the state public school or be placed in a home for adoption, the court may commit such child to the care of the state board of control as a child unsuitable for adoption in order that he may receive specialized study, treatment, and care designed to fit him, if possible, to be placed out for adoption or to become self-supporting. A dependent child may be adjudged to be a child unsuitable for adoption when it appears (a) that he is the offspring of incestuous cohabitation; (b) that one or both of his parents are feebleminded or insane, and the mental status of the child is as yet undetermined; (c) that he is crippled or deformed or afflicted with tuberculosis, venereal diseases, or other contagious or offensive disease that renders his presence a menace to others; (d) that he is affected by habits, ailments, or handicaps that produce erratic and unstable conduct.
>
> "Thereafter it shall be the duty of the board of control through the children's bureau and child welfare boards to arrange for such tests, examinations, and investigations as are necessary for the proper diagnosis, classification, treatment, care and disposition of the child as necessity and the best interests of the child shall from time to time require. The facilities of the departments and state institutions for handicapped children under the management of the board, the Minnesota general hospital and its psychopathic department, as well as the facilities available through reputable clinics and public and private child-caring agencies certified by the board may be used as the particular needs of the child may demand. Except for special observation and treatment the child shall not be kept in a hospital or institution, but shall be placed in a suitable family home under the supervision of the board of control or its county child welfare boards, or of an agency certified by the board of control to select and supervise boarding homes. It is the purpose of this act that the child unsuitable for adoption shall have the advantages of normal home life and that he shall enjoy in an approved family home the personal care and training which ought to be given by his parents. Provided, that if the board of control is satisfied that the child is feebleminded, it may bring him before the probate court of the county of his residence for examination and commitment.

The state government is reorganized into an executive council and thirteen departments by Chapter 426, Laws of 1925. One of these is the Department of Public Institutions, which is to be continued in charge of the State Board of Control.

Chapter 89, Laws of 1922, provides for the commitment to United States Veterans' Bureau neuropsychiatric hospitals in this state of inebriate or insane veterans of the Spanish-American War, the Philippine Insurrection, the Boxer Rebellion, or the World War, instead of to state hospitals or private institutions in the state.

*Missouri*

The name of the Missouri Colony for the Feebleminded and Epileptic has been changed by law to "Missouri State School".

*New Hampshire*

Chapter 138, Laws of 1925, which amends a former law forbidding the marriage of epileptic, feebleminded, or insane persons, contains the following new provisions:

> "Should any question arise as to whether applicant for such certificate is so disqualified, the contracting parties shall apply to the state board of health which shall thereupon appoint some qualified person or persons to determine whether the contracting parties are epileptic, imbecile, feebleminded, idiotic or insane, such determination to be certified under oath.
>
> "It shall be the duty of all superintendents of schools and of all who have charge of instruction in private schools or state schools annually in July to file with the state board of health the names of all epileptics, imbeciles, feebleminded, idiotic and insane persons who have left school or have become fourteen years of age during the preceding year. It shall be the duty of the superintendent of the Laconia State School and of the New Hampshire State Hospital to file with the state board of health the names of all epileptics, imbeciles, feebleminded, idiotic and insane persons discharged or paroled from those institutions. The names thus reported shall not be made public except so far as is necessary for the public welfare.
>
> "It shall be the duty of the city clerk or other authorized officer, when application is made for a certificate for the marriage of any person born subsequent to June 1, 1909, suspected as being epileptic, imbecile, feebleminded, idiotic or insane, to cause this application to be forwarded for inspection to the state board of health. The state board of health after investigation shall return this application to the city clerk or other authorized officer and if it finds that a certificate may not legally be granted, it shall notify to this effect the clerk and the applicants for the license."

The name of the New Hampshire School for Feebleminded Children has been changed to the "Laconia State School," by Chapter 6, Laws of 1925.

*Ohio*

Among the appropriations made by the 1925 legislature is one for $100,000 for a psychopathic hospital at the Bureau of Juvenile Research.

*Oklahoma*

The Oklahoma Rehabilitation and Industrial Institute was abolished by Chapter 156, Laws of 1925. This institution was authorized by the 1923 legislature as a state institution for drug and liquor addicts. Its patients are to be tranferred to the Western Oklahoma Hospital, one of the state's three hospitals for mental diseases.

An occupational-therapy building at the Central Oklahoma State Hospital is provided for by a special appropriation of the 1925 legislature. This building is to be used in connection with the separate ward building for ex-service men that was authorized by the 1923 legislature.

*Rhode Island*

A commission to study, revise, and codify the laws of the state relating to adult dependency and delinquency is created by Chapter 674, Laws of 1925.

*South Dakota*

The following law relating to the training of retarded children in the public schools has been enacted by the 1925 legislature:

> "Every school board in the state of South Dakota shall report annually to the county superintendent of schools who shall annually report to the State Child Welfare Commission the number, name, and age of all children who are three or more years retarded.
>
> "It shall be the duty of the State Child Welfare Commission through their County Welfare Board and such other assistance as may be deemed necessary to make a careful investigation of each and every child so retarded. If it is apparent to the County Welfare Board and to the State Child Welfare Commission that the child is retarded because of mental deficiency, such child shall be reported to the proper county commission governing such cases. If this board finds the child retarded because of mental deficiency, and shall find such child to be feebleminded within the meaning of section 5536 of the Revised Code, it shall institute the proper proceedings before the county court of the county where such child resides, to have such child committed to the State School and Home for Feebleminded at Redfield for instruction and such training as it may be capable of receiving. The period of instruction shall be not less than six years, provided that the parents of such child shall not desire to provide training in their own home or some private school, but no child found to be feebleminded shall be permitted to attend the public schools with normal children except where special classes are arranged for."

Chapter 164, Laws of 1925, which amends the law relating to commitment of the feebleminded, contains a new provision for the sterilization of those whom it would be inadvisable to allow to procreate, or whose mental condition would probably be materially improved by such operation.

*Texas*

The Board of Control has been directed by law to discontinue the annex to the state hospital in Austin as an institution for the insane on or before August 1, 1926. This institution, which was formerly known as the Old Blind Institute property, was taken over about a year ago as an institution for insane, but has been deemed inadequate for the purpose.

*Utah*

Sterilization of inmates in the state institutions who are "afflicted with habitual sexual criminal tendencies, insanity, idiocy, imbecility, feeblemindedness, or epilepsy" is authorized by Chapter 82, Laws of 1925. The superintendent of such institution is authorized to perform or cause to be performed the operation of vasectomy or salpingectomy, whenever he is of the opinion that it is for the best interests of the patient or of society. The superintendent must first comply with certain requirements of the law, which include the presentation of a petition to the board of directors of the institution, service of notice upon the inmate and also his legal guardian, and a hearing of the evidence. The law also carries with it the right of appeal.

*West Virginia*

The State Colored Hospital for the Insane, West Virginia's fourth state hospital, which was authorized in 1919, is expected to open this fall to receive patients. This institution received from the 1925 legislature appropriations for the next two years totalling $225,000, of which $75,000 are for current general expenses, $50,000 for repairs and improvements, and $100,000 for an additional building.

## A Directory of Psychiatric Clinics for Children

The Joint Committee on Methods of Preventing Delinquency has issued in pamphlet form a directory of psychiatric clinics for children, based upon the returns of a questionnaire sent out to all the known clinics in the United States. In his preface to the pamphlet Mr. Graham Taylor points out that the directory does not represent the sum total of psychiatric service available to children throughout the country, but merely that part of it which has been systematically organized into clinic form. The directory proper includes only those forms of organized service that come under the strict definition of a psychiatric clinic for children—that is, a clinic whose staff consists, as a minimum, of a psychiatrist as director and assistants competent

to give complete psychological examinations and to secure adequate social histories; whose services are available to the public at regular intervals; and whose primary function it is to study and treat behavior problems among children. An appendix gives a short supplementary list of clinics that are doing excellent work with children, although not directed by a psychiatrist; and a second appendix discusses briefly existing state plans for providing clinic service for children.

Clinics that limit their services to mental testing and child-study departments connected with the public schools are not represented in the directory. Also omitted are "specialized clinics such as those dealing with glandular disorders, speech defects, and the like; neurological clinics where no psychological or sociological examinations are made; children's wards in hospitals, or other forms of institutional care for nervous, epileptic, insane, or feebleminded children; psychiatric service given as a matter of routine by staff members to inmates of children's institutions or candidates for admission; or psychiatric service occasionally given on a volunteer basis by psychiatrists in private practice to children before juvenile courts or in children's institutions or awaiting placement by home-finding agencies".

The inclusion of a clinic in the directory, Mr. Taylor warns, does not imply endorsement. It means simply "that the clinic, according to its own description of staff and work, conforms in general to the definitions of organization and function previously given. In the publication of data thus obtained, it is scarcely necessary to state that no comparison of different grades of service is attempted. No visits of inspection or special investigations have been made to verify the information which is given on the authority of the clinics themselves. The directory is therefore not to be regarded as in any sense an accredited list of such organizations." The list as a whole, however, was submitted to the staff of The National Committee for Mental Hygiene and to various state committee secretaries.

Besides the District of Columbia, twenty-four states are represented in the directory: California, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, and Virginia. The directory lists not only the cities in which the various clinics have their headquarters, but also all the towns in the state in which sessions are held. The name of the director, the size of the staff, and the hours of each clinic are given.

In the returns from the questionnaire, Mr. Taylor states, certain significant trends are evident. "Among these are the establishment

in increasing numbers of child-guidance clinics not primarily for delinquent children, but for all children in need of study; the rapid growth of habit clinics for the pre-school child; the development, by state departments, of traveling clinic service; the introduction, by boards of education, of psychiatric service for public-school children.''

The directory may be obtained from the Joint Committee on Methods of Preventing Delinquency, 50 East 42d Street, New York City, at the price of fifty cents.

### The Child and the Task

From the standpoint of mental hygiene, indiscriminate education is, of course, wrong. The importance of *the task* in mental hygiene is very great. Those placed at tasks too easy learn nothing but idleness and boredom. Those placed at tasks too hard learn only failure, misery, and often mischief. The psychologist would adjust the task to the young child's capacity. In this he is a humanitarian, as well as a technical worker. He hopes to relieve some of the unhappiness of children by loading them with what they *can carry* and by making self-respect, diligence, and hope habitual attitudes.—Leta S. Hollingworth in *Ungraded.*

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## INDEX OF AUTHORS AND SUBJECTS


A

Abnormal psychology, 631–33
"Activity desires", 181
Alcoholic psychoses, statistics, 867
Anthropology, 853–54
Arizona legislation, 883
Auto-erotism, 279. *See also* Sex hygiene questionnaire

B

Behavior, 170–72, 851–53
Berry, Charles Scott, 725
Bibliography, current, 220–24, 443–48, 668–72, 890–96
Bingham, Anne T., 1
Blanton, Smiley, 478
Book reviews, 162–219, 408–24, 612–50, 805–82
Bridges, K. M. Banham, 521
Bureau of Children's Guidance, 588–89

C

California legislation, 425, 883
Child guidance clinics, 586–88
Child health, 612–20
Child psychology, 820–23, 825–27. *See also* Mental hygiene and childhood
Children's wishes, 340–45
Civilization, 854–57
Cocaine. *See* Drug addiction
Colorado legislation, 425
"Contrariness", 521–28
Cornell, Ethel L., 556
Coué, Emile, 210
Crounse, Dorothy, 90

D

Davis, Katharine Bement, 28
Daydreams, 180
Dayton, Neil A., 760
Decroly class, 823–24
Delinquency, 211–14, 415–18
  causes, 90–104
  juvenile. *See* Juvenile delinquency.
Dementia praecox, studies, 90–104. *See also* Ex-service men, care; Mental diseases, clinical studies
District of Columbia legislation, 425
Dream analysis, 634–35
Drug addiction, 74–89, 300–13, 699–724

E

Ebaugh, Franklin G., 753
Education, theological, 628–30
Educational psychology, 194–200, 806–10, 835–37. *See also* Decroly class; Mental defectives, education; Mental hygiene and education
Emmanuel movement, 209–10
Emotions, 860–63
Endocrinology, 420–21, 644–45, 778–80
Environment, 869–71. *See also* Personality defects, home environment as causative factor; Psychoneuroses, home environment as causative factor
Ethics, 182–86, 837–39, 854–57, 880–82
Evolution, 635–37, 839–41, 878–80
Ex-service men, care, 387–400. *See also* Psychoneuroses in ex-service men
  statistics, 869
Exceptional children, 190–93

F

Fear, 215–17
Feminist movement, 180–82, 881–82
Fernald, Walter Elmore, 157–61
Folklore, 422
Forensic psychiatry, 422–23
Foster, Sybil, 735

G

Garvin, William C., 387
Glueck, S. Sheldon, 449, 686
Goodenough, Florence L., 340
Guibord, Alberta S. B., 161

H

Haas, Louis J., 743
Habit clinics, 174–76, 589
Haines, Thomas H., 529
Henry, Patrick, 735
Hospital organization, 217–18
Human constitution, 841–46

I

Idaho legislation, 426
Immigrants, social work with, 346–59
Immigration, 648–49
Indiana legislation, 426–27, 883
Individual psychology, 827–35

Industrial psychology, 875–77
Institute for Juvenile Research, 585
Integration, 851–53

J

Jarrett, Mary C., 346
Judge Baker Foundation, 586
Juvenile delinquency, 314–39. *See also* Leopold-Loeb case

K

Kerns, Harry N., 273
Kolb, Lawrence, 74, 300, 699

L

Labor movement, 201–05
Language, 620–21
Leopold-Loeb case, 449–68, 690
Letchworth Village, 772–82
Louisiana legislation, 427
Lyman, R. S., 360

M

MacCracken, Henry N., 469
Maine legislation, 651
Massachusetts legislation, 651, 883–84
Mental defect and delinquency, 726–28
  and heredity, 780–81
  causes, 760–71, 775–77
  clinical studies, 766–68
  treatment, 778–80
Mental defectives, care, 725–34. *See also* Letchworth Village
  education, 529–55, 556–60, 583–84, 725–34. *See also* Special schools and classes
  maintenance, 730
Mental diseases and delinquency, 186–90, 422–23, 686–98. *See also* Leopold-Loeb case
  and heredity, 810–17, 817–20
  care, institutional, 753–59
  clinical studies, 360–86. *See also* Dementia praecox, studies; Occupational therapy
  statistics, 783–804, 863–69
Mental hygiene, 871–72
  and childhood, 177–78, 527, 616, 820–23. *See also* Child psychology; Children's wishes; Mental hygiene and education; Psychoneuroses, home environment as causative factor
  and education, 1–27, 105–12, 172–74, 225–60, 261–72, 273–81, 469–77, 478–88, 489–501, 805–06, 806–10. *See also* Mental defectives, education; Personality studies; Special schools and classes
  and immigration, 346–59
  course, 486–87
  movement, 673–85
  societies, 599
Meyer, Adolf, 673
Mid-brain, 624–26
Millerite movement, 637–39
Minnesota legislation, 651, 884–85
Missouri legislation, 885
Mob psychology, 638
Mutual Welfare League, 639–40
Mythology, 422.

N

National Committee for Mental Hygiene, 598
Negativism, 521–28
Nervous diseases and heredity, 817–20
  in middle life, 859–60
New Hampshire legislation, 885
New Mexico legislation, 427
New Jersey legislation, 427, 651
New York legislation, 427–28, 651–52
Notes and comments, 425–42, 651–67, 883–89

O

Occupational therapy, 743–54
Ohio legislation, 428–29, 652–53, 885
Oklahoma legislation, 886
Opium. *See* Drug addiction
Ostrander, Jessie M., 60

P

Paralysis, general, statistics, 867
Paranoia, 860
Peck, Martin W., 282, 502
Pennsylvania legislation, 429
Personality defects, home environment as causative factor, 735–42. *See also* Personality studies; Psychoneuroses, home environment as causative factor
Personality guidance, 489–501. *See also* Mental hygiene and education; Vocational psychology
Personality studies, 6–24, 68–73, 113–27, 218–19, 282–99, 502–20, 735–42. *See also* Drug addiction; Leopold-Loeb case; Mental diseases, clinical studies; Mental hygiene and education
Policemen, mental examination, 60–73
Pollock, Horatio M., 783

Potter, Howard W., 772
Prisons, 639–40
Psychiatric clinics for children, directory, 887–89
Psychiatric nursing, 633–34
Psychiatric social work, vocational aspects, 561–601
Psychoanalysis, 178–80, 419–20, 649–50, 827–35
Psychology, 206–07, 421–22, 423–24, 622–24, 645–48, 848–51, 877–78. *See also* Abnormal psychology; Behavior; Child psychology; Industrial psychology; Mob psychology; Religion; Social psychology; Vocational psychology
Psychoneuroses, home environment as causative factor, 6–24, 264–65, 268–71, 735–42. *See also* Personality defects, home environment as causative factor
in adolescents, 6–24
in ex-service men, 128–56
Psychopathic hospital program, 753–71

R

Religion, 178–80, 207–11, 622–24, 846–48. *See also* Ethics; Millerite movement
primitive, 162–70
Rhode Island legislation, 886
Richards, Esther Loring, 314
Ruggles, Arthur H., 261

S

Scientific laws, 408–14
Sex delinquents, juvenile, 314–39
Sex domination, 640–43
Sex hygiene questionnaire, 28–59, 502–20
Social hygiene, 214–15
Social psychology, 643–44
Social science, 414–15
Social work, 650. *See also* Psychiatric social work
South Dakota legislation, 886
Special schools and classes, 529–55, 556–60, 806–10. *See also* Mental defectives, education
Statistics and medicine, 857–59
Syphilis. *See* Mental defect, causes

T

Talents, 197–200
Texas legislation, 653, 887

U

U. S. Veterans' Bureau hospitals, 582–83
U. S. Public Health Service, 600
Utah legislation, 887

V

Veterans' Memorial Hospital, Kings Park, 387–400
Visiting teacher movement, 596, 809–10
Vocational psychology, 193–94, 872–75. *See also* Psychiatric social work, Vocational aspects

W

Wells, F. L., 113, 502
Wertheimer, F. I., 360
West Virginia legislation, 887
Wile, Ira S., 105
Williams, Frankwood E., 225

Y

Young, Kimball, 489

Z

Ziegler, Lloyd H., 128

## ABSTRACTS AND REVIEWS

### Listed by Authors of Books and Articles

Abbot, Edith. Immigration; select documents and case records. Rev. by K. H. Claghorn. 648–49.

Adler, Alfred. The practice and theory of individual psychology; trans. by P. Radin. Rev. by H. S. Sullivan. 827–35.

Adler, Felix. The reconstruction of the spiritual ideal. Rev. by M. C. Otto. 182–86.

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Balz, Albert G. A., and William S. A. Pott. The basis of social theory. Rev. by F. S. Chapin. 643–44.

Barker, Lewellys F. Psychiatry and public health, 404–07.

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Buckham, John Wright. Personality and psychology. Rev. by M. W. Peck. 645–48.

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Follett, M. P. Creative experience. Rev. by David Wechsler. 851–53.

Frazer, Lady. Leaves from the Golden Bough. Rev. by W. A. White. 422.

Freyd, Max. The personality of the socially and mechanically inclined. Rev. by David Wechsler. 218–19.

Fryer, Douglas. Vocational self-guidance. Rev. by Bradley Buell. 872–75.

Galloway, T. W. Sex and social health; a manual for the study of social hygiene. Rev. by M. W. Peck. 214–15.

Gardner, Charles S. Psychology and preaching. Rev. by S. M. Shellow. 622–24.

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Goodwin, John C. Insanity and the criminal. Rev. by S. S. Glueck. 186–90.

Groves, Ernest R., and Gladys Hoagland Groves. Wholesome childhood. Rev. by H. T. Woolley. 177–78.

Griffitts, Charles H. Fundamentals of vocational psychology. Rev. by Ordway Tead. 193–94.

Hamaïde, Amélie. The Decroly class; a contribution to elementary education; trans. from the French by J. L. Hunt. Rev. by W. H. Burnham. 823–24.

Harford, Charles F. Mind and force. Rev. by H. N. Kerns. 421–22.

Hayward, Charles W. Recreating human nature; being an exposition of the making of psychology. Rev. by Adolph Stern. 878.

Hayward, Charles W. What is psychology? Rev. by Adolph Stern. 877–78.

Herbert, S. The unconscious mind; a psychoanalytical survey. Rev. by M. A. Meyer. 649–50.

Hollingworth, Leta S. Special talents and defects; their significance for education. Rev. by Jeanette Regensburg. 197–200.

Horn, John Louis. The education of exceptional children. Rev. by F. D. Maxfield. 190–93.

Irwin, Elizabeth A., and Louis A. Marks. Fitting the school to the child. Rev. by V. T. Thayer. 806–09.

Kendal, I. L., ed. Twenty-five years of American education. Rev. by V. T. Thayer. 194–97.

Kelley, Robert L. Theological education in America. Rev. by Jerome Davis. 628–30.

Kirchwey, Freda, ed. Our changing morality; a symposium. Rev. by Phyllis Blanchard. 880–82.

Kornhauser, A. W., and F. A. Kingsbury. Psychological tests in business. Rev. by S. M. Shellow. 875–77.

Lhotzky, Heinrich. The soul of your child; trans. by Anna Barwell. Rev. by G. H. Groves. 825–27.

Lindeman, Edward C. Social discovery. Rev. by L. L. Bernard. 414–15.

Lowie, Robert H. Primitive religion. Rev. by G. A. Dorsey. 162–70.

Miller, H. Crichton. The new psychology and the preacher. Rev. by A. E. Haydon. 178–80.

Monakow, C. v. The emotions, morality and the brain; authorized trans. by Gertrude Barnes and S. E. Jelliffe. Rev. by E. S. Abbot. 860–63.

Myerson, Abraham. The inheritance of mental diseases. Rev. by H. A. Bunker, Jr. 810–17.

Newsholme, Arthur. The elements of vital statistics in their bearing on social and public health problems. Rev. by H. M. Pollock. 626–28.

Nichols, G. E., L. L. Woodruff, A. Petrunkevitch, W. R. Coe, G. R. Willard, C. O. Dunbar, R. S. Luce and E. Huntington. Organic adaptation to environment. Rev. by H. M. Parshley. 869–71.

Northridge, W. L. Modern theories of the unconscious. Rev. by A. Kardiner. 419–20.

Ogden, C. K., and I. A. Richards. The meaning of meaning; a study of the influence of language upon thought and of the science of symbolism. Rev. by W. A. White. 620–21.

Oppenheimer, J. J. The visiting teacher movement. Rev. by V. T. Thayer. 809–10.

Osborne, Thomas Mott. Prisons and common sense. Rev. by A. L. Jacoby. 639–40.

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O'Toole, George Barry. The case against evolution. Rev. by D. B. Armstrong. 878–80.

Otto, M. C. Things and ideals. Rev. by Henry Neumann. 837–39.

Pearl, Raymond. Introduction to medical biometry and statistics. Rev. by Benjamin Malzberg. 857–59.

Pierce, Bedford, ed. Addresses to mental nurses. Rev. by S. W. Hamilton. 633–34.

Pierce, Frederick. Mobilizing the midbrain. Rev. by Albert Polon. 624–26.

Pratt, George K. Your mind and you. Rev. by A. H. Ruggles. 871–72.

Pruette, Lorine. Women and leisure. Rev. by N. B. Willey. 180–82.

Ritchie, A. D. Scientific method; an inquiry into the character and validity of scientific laws. Rev. by H. A. Bunker, Jr. 408–14.

Rivers, W. H. R. Conflict and dream. Rev. by C. P. Oberndorf. 634–35.

Salmon, Thomas W. Presidential address. (American psychiatric association.) 401–04

Sayles, Mary B. The problem child in school. Rev. by T. L. Scholtz. 805–06.

Schweitzer, Albert. Civilization and ethics; The philosophy of civilization, Part II, trans. by John Naish. Rev. by Mary O'Malley. 854–57.

Schweitzer, Albert. The decay and restoration of civilization; The philosophy of civilization, Part I, trans. by C. T. Campion. Rev. by Mary O'Malley. 854–57.

Sears, Clara Endicott. Days of delusion. Rev. by A. H. Ruggles. 637–39.

Seashore, Carl E. Introduction to psychology. Rev. by R. H. Paynter, Jr. 423–24.

Selbie, W. H. The psychology of religion. Rev. by G. E. Clark. 846–48.

Singer, H. Douglas, and William O. Krohn. Insanity and law; a treatise on forensic psychiatry. Rev. by A. W. Stearns. 422–23.

Smith, G. Elliot. The evolution of man. Rev. by Abraham Myerson. 635–37.

Sutherland, Edwin H. Criminology. Rev. by S. S. Glueck. 415–18.

Thom, D. A. Habit clinics for the child of pre-school age: their organization and practical value. Rev. by E. L. Richards. 174–76.

Thomson, Godfrey H. Instinct, intelligence and character; an educational psychology. Rev. by B. H. Bode. 835–37.

Thomson, J. Arthur. What is man? Rev. by A. T. Mathers. 839–41.

Timme, Walter. Lectures on endocrinology. Rev. by Theophile Raphael. 644–45.

Tozzer, Alfred Marston. Social origins and social continuities. Rev. by H. S. Bucklin. 853–54.

U. S. Census bureau. Report of census of institutions for mental disease. Rev. by H. M. Pollock. 863–69.

Voerting, Mathilde and Mathias. The dominant sex. Rev. by R. E. Blaisdell. 640–43.

Walsh, William S. The mastery of fear. Rev. by Arthur H. Ruggles. 215–17.

Watts, Frank. Abnormal psychology and education. Rev. by A. T. Bingham. 631–33.

Weil, Arthur. The internal secretions. Rev. by E. R. Spaulding. 420–21.

WS
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# MENTAL HYGIENE

VOL. IX OCTOBER, 1925 NO. 4

CONTENTS

Individualism and the Organization of Neuropsychiatric Work in the Community ..... Adolf Meyer

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## INDEX


Individualism and the Organization of Neuropsychiatric Work in the Community ..... *Adolf Meyer* 673
A Tentative Program of Coöperation between Psychiatrists and Lawyers ..... *S. Sheldon Glueck* 686
Pleasure and Deterioration from Narcotic Addiction ..... *Lawrence Kolb* 699
The Case for the Mentally Retarded ..... *Charles Scott Berry* 725
Personality Deviations and Their Relation to the Home ..... *Sybil Foster* 735
The Masculine Side of Occupational Therapy ..... *Louis J. Haas* 743
The Rôle of Conferences with Relatives in the Educational Program of a State Psychopathic Hospital ..... *Franklin G. Ebaugh* 753
Syphilis in the Etiology of Mental Deficiency ..... *Neil A. Dayton* 760
A Résumé of Research Work at Letchworth Village ..... *Howard W. Potter* 772
Outcome of Mental Diseases in the United States ..... *Horatio M. Pollock* 783
Book Reviews:
The Problem Child in School. By Mary B. Sayles ..... *T. Livingston Scholtz* 805
Fitting the School to the Child. By Elizabeth A. Irwin and Louis A. Marks; The Visiting Teacher Movement. By J. J. Oppenheimer ..... *V. T. Thayer* 806
The Inheritance of Mental Diseases. By Abraham Myerson; Heredity in Nervous and Mental Disease: An Investigation by the Association for Research in Nervous and Mental Diseases ..... *Henry A. Bunker, Jr.* 810
The Mental Growth of the Pre-School Child. By Arnold Gesell ..... *E. K. Wickman* 820
The Decroly Class; A Contribution to Elementary Education. By Amelie Hamaide ..... *William H. Burnham* 823
The Soul of Your Child. By Heinrich Lhotzky ..... *Gladys Hoagland Groves* 825
The Practice and Theory of Individual Psychology. By Alfred Adler ..... *Harry Stack Sullivan* 827
Instinct, Intelligence, and Character; An Educational Psychology. By Godfrey H. Thomson ..... *B. H. Bode* 835
Things and Ideals. By M. C. Otto ..... *Henry Neumann* 837
What Is Man? By J. Arthur Thomson ..... *A. T. Mathers* 839
Human Constitution: A Consideration of Its Relationship to Disease. By George Draper ..... *Theophile Raphael* 841
The Psychology of Religion. By W. H. Selbie ..... *George Edward Clark* 846
Psychology and the Sciences. Edited by William Brown ..... *A. T. Mathers* 848
Creative Experience. By M. P. Follett ..... *David Wechsler* 851
Social Origins and Social Continuities. By Alfred Marston Tozzer ..... *Harold S. Bucklin* 853
The Decay and Restoration of Civilization. The Philosophy of Civilization, Part I. By Albert Schweitzer; Civilization and Ethics. The Philosophy of Civilization, Part II. By Albert Schweitzer ..... *Mary O'Malley* 854
Introduction to Medical Biometry and Statistics. By Raymond Pearl ..... *Benjamin Malzberg* 857
Diseases of Middle Life. Edited by Frank A. Craig ..... *Edward A. Strecker* 859
The Emotions, Morality, and the Brain. By C. v. Monakow ..... *E. Stanley Abbot* 860
Report of Census of Institutions for Mental Disease, U. S. Census Bureau ..... *Horatio M. Pollock* 863
Organic Adaptation to Environment. By G. E. Nichols *et al* ..... *H. M. Parshley* 869
Your Mind and You. By George K. Pratt ..... *Arthur H. Ruggles* 871
Vocational Self-Guidance. By Douglas Fryer ..... *Bradley Buell* 872
Psychological Tests in Business. By A. W. Kornhauser and F. A. Kingsbury ..... *Sadie Myers Shellow* 875
What Is Psychology. By Charles W. Hayward; Recreating Human Nature. By Charles W. Hayward ..... *Adolph Stern* 877
The Case Against Evolution. By George Barry O'Toole ..... *Donald B. Armstrong* 878
Our Changing Morality; A Symposium. Edited by Freda Kirchwey ..... *Phyllis Blanchard* 880
Notes and Comments ..... 883
Current Bibliography ..... *Dorothy E. Morrison* 890


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## GENERAL PURPOSES

The National Committee for Mental Hygiene, directly and through its affiliated state societies and local committees, works for the conservation of mental health; the reduction and prevention of mental and nervous disorders and defects; the improved care and treatment of those suffering from mental diseases; the special training and supervision of the feebleminded; and the acquisition and dissemination of reliable information on these subjects and on mental factors involved in the problems of education, industry, delinquency, dependency, and others related to the broad field of human behavior. The committee seeks to accomplish its purposes by stimulating research into the nature and causes of nervous and mental diseases and defects; conducting surveys and studies of mental-hygiene problems; applying the knowledge gained from such studies, through education and the promotion of beneficial legislation; encouraging psychiatric social work; establishing child-guidance and other mental-hygiene clinics; developing trained personnel; and coöperating with governmental and unofficial agencies whose work touches at any point the field of mental hygiene.

When one considers the large groups of people who may be benefited by organized work in mental hygiene, the importance of the movement at once becomes apparent. Such work is not only for the mentally disordered and those suffering from mental defect, but for all those who, through mental causes, are unable so to adjust themselves to their environment as to live happy and efficient lives.

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